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THE CONDITION OF THE HOMELESS OF CHICAGO

A Report
Based on Surveys Conducted in
1985 and 1986

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Table of Contents

Acknowledgements iv

Overview

Overall Findings v
Specific Findings vi
Demographic Profiles of the Chicago Homeless vii
Estimates of the Number of Homeless in Chicago viii
Policy Implications ix

Chapter 1

The Design of the Chicago Homeless Survey

Introduction 1
Social Epidemiological Issues 2
The Chicago Homeless Study 3
The Purposes of the Chicago Homeless Study 3
The Design of the Chicago Homeless Study 4
An Efficient Sampling Strategy 7
Survey Design 9
Payment of Respondents 15
Survey Management 15
Sampling Implementation 15
Analysis Sample 19
Sample Weights 19

Chapter 2

The Conditions of the Homeless of Chicago

Introduction 21
The Existential Meanings of Homelessness 24
Institutionalization Experiences 35

Chapter 3

The Matter of Numbers

Introduction 39
The Issue of Size 40
The Several Meanings of Size 41
Definition of Homelessness As Used in the Chicago Homeless Surveys 42
Point Prevalence Estimates of Homelessness 43
Annual Incidence Estimates 46
Annual Prevalence Estimates 48
Estimates of Other Homeless Persons 49
The Issue of "At Risk" Populations 57

Chapter 4

A Socio-Demographic Profile of the Homeless

Introduction 59
Interpretation of Social and Demographic Characteristics 59
Gender 60
Age Distribution 61
Race and Ethnicity 62
Migration 63
Educational Attainment 65
Marital Status 66
Parental Status 67
Homeless Families or Homeless Individuals? 69
Employment and Occupation 70
Gender and Age Differences 75
Summary 82

Chapter 5

The Incomes of the Homeless

Introduction 83
Average Value of Income Sources 84
General Assistance and AFDC 95
Access to Aid to Families with Dependent Children 97
Factors Affecting Access to General Assistance Benefits 98
Summary 100

Chapter 6

Health Conditions of the Homeless

Introduction 103
The Physical Health Problems of the Chicago Homeless 103
Access to Medical Care 107
Summary 110

Chapter 7

The Mental Health Status of the Homeless

Introduction 111
Demoralization and the Homeless 111
Symptoms of Psychosis 119
Treatment Services Provided for Mental Patients 124
Summary 128

Chapter 8

Shelters and the Homeless

Introduction 131
Why Some Homeless Are Not in Shelters 132
Homeless' Assessments of the Shelters 135
Who Uses the Shelters? 137
Summary 141

Chapter 9

The Social Networks of the Homeless

Introduction 143
Maintaining Ties With Kin 143
Living With Relatives 146
Maintaining Social Ties With Spouses and Children 148
Maintaining Friendship Ties 150
Overall Social Ties 151
Summary 151

Chapter 10

Some Policy Implications

Introduction 153
Varieties of Homelessness 154
Policy Implications 158
An Optimistic Postscript 161

References 163
Appendix A: Technical Notes 167
Appendix B: Data Collection Procedures 187
Appendix C: Questionnaires 205

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Above all, we owe much to the homeless who cooperated with our study. Our fondest hope is that this report will help to alleviate their condition, thereby paying some of our debt to them.

PHR

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OVERVIEW

To provide an accurate description of the condition of homeless persons in Chicago was the main objective of the Chicago Homeless Study. Using an innovative approach to surveying this difficult-to-reach group, the study covered a wide variety of topics including where homeless persons went to obtain shelter and food, how much income they had at their disposal, what was their physical and mental health status, and related topics. Based on direct observations of and interviews conducted in 1985 and 1986 with homeless persons in shelters, on the streets, and in public places, the Chicago Homeless Study provides a rich description of the living conditions of the homeless and estimates of the size of this population.

The research strategy used by the study consisted of two complementary surveys: 1) Intensive surveys of persons in shelters provided for homeless persons; 2) Surveys involving intensive searches of samples of blocks, locating and interviewing homeless persons who were on the streets or in places to which the public had access (bus stations, doorways, cars, hallways, etc.). Both surveys took place at night. Each survey was designed to obtain unbiased samples, respectively, of homeless persons using shelters and homeless persons outside of shelters and conventional dwellings.

Survey interviews were conducted by NORC, a social research institute affiliated with the University of Chicago.

Two time periods were involved: The Phase I surveys took place during September and October in 1985. The Phase II surveys were undertaken in February and March 1986. Together the two surveys provide measures of seasonal variations in the condition of the homeless.

The research was supported by grants from the Pew Memorial Trust, the Robert Wood Johnson Foundation and the Illinois Department of Public Aid.

Overall Findings

It would be difficult to exaggerate the deplorable condition of the homeless of Chicago. Because of their abject poverty, homeless persons were unable to meet current housing market prices for even minimum standard housing, resorting at best to special shelters provided for them or, at worst, to sleeping in public places, on the streets or in other places to which they could obtain access. Because the homeless were also family-less, they could not benefit from the financial buffering that families often provide and had to rely on public welfare and private charity to survive. Some had been dependent for so long that they had exhausted the buffering capacities of their former families.

The homeless were poor because they were unable to connect with employment that was steady and provided reasonable wage rates. Most of the homeless had been unemployed for many years. Those who did work could find only jobs that were transient and poorly paid. The homeless also did not benefit as much from public welfare as their eligibility for such programs would justify. Only a minority of the homeless were currently on the rolls of any income maintenance program.

There was ample evidence of health disabilities among the homeless. Many suffered from poor physical health, had clinical levels of depression and demoralization, as well as showing signs of psychotic thinking. There was also considerable evidence of past and present alcohol and drug abuse among the homeless. Virtually all of the homeless manifested one or more indicators of having lived troubled lives, involving institutionalization in mental hospitals or undergoing detoxification, having been convicted in the courts with resulting jail or prison sentences, having been unemployed for more than two years, and showing current signs of depression or psychotic symptoms.

Estimates of the number of persons homeless in Chicago on an average night during the two survey periods ranged from 2,000 to 3,000. About 5,000 persons were estimated to be homeless at one time or another every year. These estimates of the homeless population of Chicago are considerably lower than other attempts at estimation, the latter ranging from 10,000 to 25,000, consisting primarily of guesses based on informed opinions. The estimates produced by the Chicago Homeless Study are the only ones that are based on actual counts and systematic sampling. Although the homeless problem is smaller than previously believed, there is still ample evidence that homelessness constitutes a serious social problem.

Specific Findings

Major specific findings include:

... The average cash income -- including welfare payments, pensions, and disability payments -- of the Chicago homeless was less than $6.00 per day. Half attempted to get by on less than $3.50 per day. Almost one in five reported no income during the entire previous month. There is no way that most of the homeless could have survived, if they had had to rely solely on their incomes.

... For most of the homeless, charitable organizations provided either food or shelter (or both) that made it possible to avoid starvation and fatal exposure to the elements. Without the shelters and the food kitchens, many of the Chicago homeless would not have been able to survive.

... Although most homeless were eligible for one or another income maintenance program, less than half received any payments from any public welfare or other income maintenance programs. One in five received General Assistance payments of $144.00 per month. Another one in five either received AFDC payments or participated in a federal income maintenance program.

... Overall, 55% of the homeless slept in shelters, a proportion (39%) that was less in the balmier Fall weather than in the dead of the winter (74%). The alternatives to the shelters used by the homeless were public places such as bus and train stations, the streets, more sheltered places in doorways, hallways or abandoned buildings.

... Many of the Chicago homeless were in poor physical and mental health. One in four claimed to be too sick to work. More than one in three claimed fair or poor health (compared to less than half that proportion in the general US population). More than one in three showed clinical signs of depression and demoralization. One in four showed clear signs of psychotic thought processes. Compounding these health problems, the homeless reported serious difficulties obtaining medical and psychiatric help.

... Consistent with their health problems and general circumstances, substantial minorities of the homeless had been institutionalized. One in four had been in mental hospitals; One in five had been in federal or state prisons; Four out of five had undergone detoxification for alcohol or drug dependencies; Two in five had been sentenced to jail sentences; And, two in five had been sentenced by a court and placed on probation.

... Almost all of the homeless had been institutionalized. Less than one in five had never been in a mental hospital or detoxification unit and/or never been imprisoned or found guilty by a court.

... The homeless had few enduring ties to other persons. Being homeless meant to be family-less. Few had ever married and those that had were currently separated or divorced. Few retained ties with their relatives or had friends. Indeed, one in four could be classified as isolates having neither friends nor ongoing ties to relatives.

... Although one in three had worked for pay in the month previous to being interviewed, only one in ten claimed steady work. In either case, the jobs involved were part-time, poorly paid and on the bottom of the occupational ladder.

... For most of the homeless, it had been literally years since they held steady jobs for at least several months. On average, it was more than four years since their last steady jobs.

Demographic Profiles of the Chicago Homeless

The Chicago Homeless Study collected socio-demographic data on the homeless, from which demographic profiles of the homeless were constructed, as follows:

... Homelessness was predominantly a condition affecting males. Three out of four of the homeless were men.

... The ages of the homeless were concentrated in the middle years, the median age being 40. Compared to the general adult population of Chicago, both young and old adults were under represented.

... Blacks were over-represented among the homeless, constituting 60% of the homeless population and only 35% of the general Chicago adult population. American Indians were also over-represented among the homeless, being 3 to 4 times more numerous among the homeless compared to the general Chicago adult population. Correspondingly, whites and Hispanics were under-represented among the homeless.

... Although the homeless population contained about as many high school graduates, proportionately, as the Chicago population, college graduates were under-represented among the homeless.

... The "typical" Chicago homeless person was a black male, who had never married, was about 40 years old, and who had graduated from high school.

However, the profile of the "typical" homeless person glosses over some very significant subgroupings, mainly based on gender and age.

... Young homeless women: This small (12%) minority consisted of predominantly black women, under 40, who were typically homeless with dependent children. This group, located predominantly in shelters, apparently were homeless because they were attempting to escape from oppressive marriages or unpleasant household arrangements. These young women typically remained in the shelters for short periods of time while awaiting certification of eligibility for ADC payments, at which time they moved into the domiciled population.

... Young homeless men: This relatively large group (more than a third of all homeless) were under 40, mainly black, and never married. They had been institutionalized either in the criminal justice or the mental health systems. Many appeared to have been rejected by their parental families with whom they were living before becoming homeless. Many had never held steady jobs and those that had, held those jobs four or more years ago.

... Older homeless men: About half and half white and non-white, this additional one third of the homeless appeared to be mainly older counterparts of the young homeless men. This group also had been institutionalized, with almost half (44%) having been through a detoxification treatment.

... Older homeless women: This small group came closest to conforming to one of the stereotypes of the homeless. These family-less persons showed high levels of psychotic thinking and many appeared confused and incoherent to the NORC staff interviewers. One in four were carrying their personal belongings with them in paper parcels when interviewed.

Estimates of the Number of Homeless in Chicago

The Chicago Homeless Study was designed to yield unbiased samples of the homeless population in shelters and out on the streets on the survey nights. Sample findings can be projected to provide estimates of the total homeless in Chicago during each of the two survey periods. Defining homeless persons as adults who at night either are in shelters or on the streets rather than in conventional dwellings, several estimates were calculated, as shown in Figures A through C.

Specific findings were as follows:

... On the average Fall night in 1985 there were an estimated 2,344 persons homeless in Chicago.

... On the average Winter night in 1986, there were an estimated 2,020 homeless persons in Chicago.

... Because of the large sampling variations associated with each estimate, the two estimates are not statistically significantly different from each other. In other words, there were about the same number of persons homeless in the Fall of 1985 as in the Winter of 1986.

... More homeless were found in shelters during the Winter survey and correspondingly fewer persons were located in the street survey.

... Using information on the length of time homeless, estimates were constructed of the annual number of newly homeless persons, amounting to 5,907 (Fall 1985) and 3,719 (Winter 1986). These two estimates were not statistically different from each other.

... Annual prevalence estimates (numbers of persons homeless for any amount of time during a year) were 6,962 (Fall 1985) and 5,051 (Spring 1986). These estimates were also not statistically significantly different from each other.

Although these estimates are considerably smaller than previous estimates that ranged as high as 25,000, they are the only estimates based on actual counts of homeless persons, conducted according to scientific sampling practices. Consequently, the Chicago Homeless Study's estimates are more credible.

Policy Implications

The main policy recommendations suggested by the findings of the Chicago Homeless Survey are as follows:

... Basic to the deplorable condition of the homeless is poverty. Hence income attainment and maintenance strategies are most appropriate to the alleviation of the homeless condition.

... Given the widespread ostensible eligibility of the homeless for one or another income maintenance program, more efforts should be made to establish eligibility of each homeless person for the highest level of benefits for which each is eligible. Especially important would be to establish eligibility of the many disabled for disability payments. At a minimum, most homeless persons appear to be eligible for General Assistance and should be on the GA rolls.

... Positive incentives ought to be offered to families for re-incorporating the homeless into households. Subsidies directly payable to households who incorporate poor relatives into their households may make it possible to move many homeless persons into the domiciled condition without imposing severe financial burdens on the families involved.

... Implicit tax rates associated with income maintenance programs ought to be lifted to permit beneficiaries to retain earnings so that total income (benefits plus earnings) can reach levels permitting the homeless to connect with the local housing market.

... The condition of the homeless provides ample evidence of the failures of our medical and mental health delivery systems to provide help to the physically and mentally disabled among the homeless. Chronically mentally ill persons discharged from hospitals ought to have available to them easy access to aftercare facilities. Similar provisions ought to be considered for the physically ill as well.

... Homelessness may be only superficially a housing problem. Yet, some of its impact can be lessened by subsidizing appropriate housing for the homeless.

... Although many persons concerned with the problem of homelessness may be skeptical about the estimates of such small numbers of homeless in Chicago, it is important to note that these estimates are the only ones that were built on a firm empirical foundation. Furthermore, there is an optimistic side to these estimates: The homeless problem is not so vast that extensive programs for the homeless will swamp available resources.

FIGURE A.

Nightly Average Homeless in Survey Period

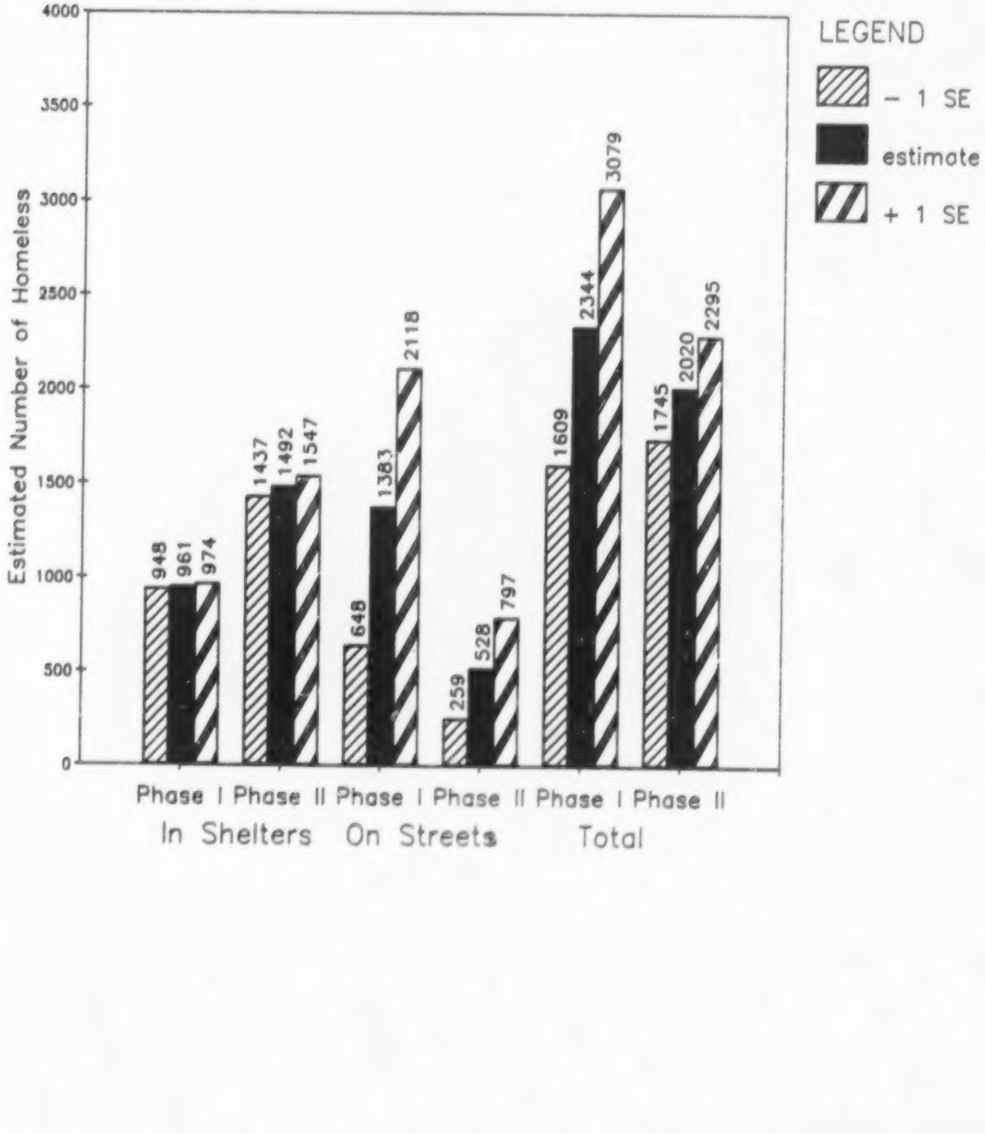


FIGURE B.
Annual Incidence of Homelessness
(Number of Newly Homeless Each Year)

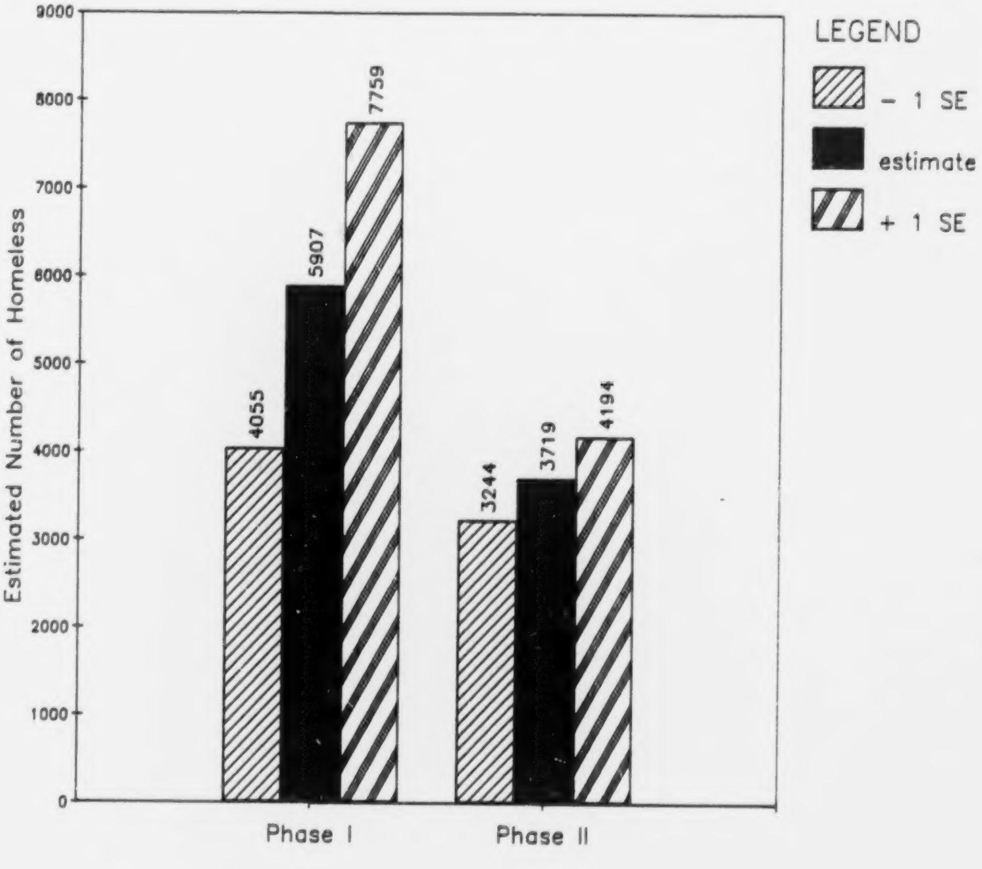
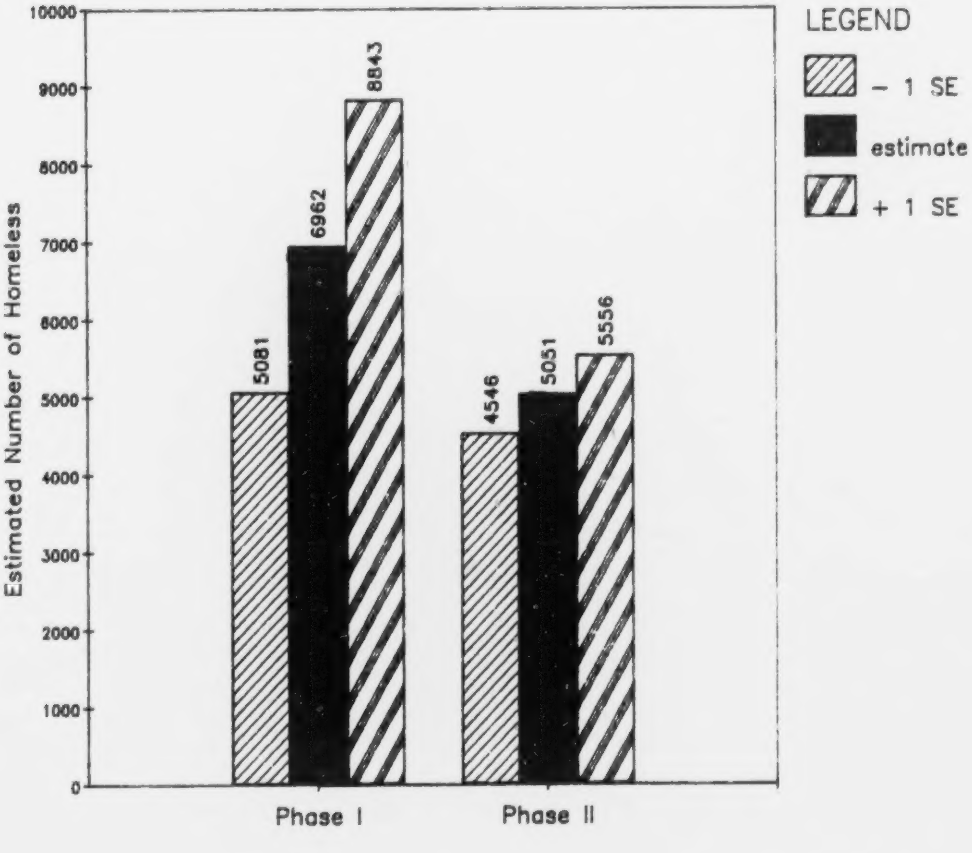


FIGURE C.
Number of Persons Homeless for any Period of Time During a Year



CHAPTER 1

The Design of the Chicago Homeless Survey

Over the past few years, the plight of homeless persons in America has been given a great deal of attention in the media and in our major legislative bodies. There are many good reasons for this heightened attention, among which the most important are the undeniably dreadful living conditions of the homeless and the correspondingly high level of public sympathy for those living under such conditions of deep privations. In a nation that pays so much attention to its housing and devotes so large a portion of personal income to housing and its accouterments, it is appalling to realize that some persons do not have any place of their own in which to carry on the usual comforting domestic routines and to take their nightly rest. Homelessness evokes both sympathy for the obvious suffering involved and a sense of outrage at whatever and whoever has allowed this condition to happen.

Although the shame that widespread homelessness can and does exist in our society worries all who have the least shred of conscience, the remedies that should be applied are not at all clear and obvious. Of course, the provision of special shelters helps to alleviate some of the worst aspects of homelessness, but no one can pretend that the shelters ordinarily provided in any way resemble the common American conception of home. Similarly, providing food through soup kitchens may fill stomachs but it is far from conventional ideas of dining. The current programs meet some of the most pressing needs of the homeless, but are far from completely alleviating the problems of the homeless. Furthermore, there is concern that the present measures are simply insufficient in quality and quantity both to reach all of the homeless and to raise the living standards of those reached to levels of minimum decency.

The concerned public and our major legislative bodies seemingly have not made much headway in alleviating the conditions of the homeless. This is not to fault the will to do so, but to point to the difficulties involving in so doing. In large part, the appropriate remedies are not obvious because the problem of homelessness, although clearly present at unacceptable levels, is only dimly and imprecisely known. Although almost all observers agree that "homelessness" in contemporary American society constitutes a serious and growing social problem, there is considerable uncertainty over the precise nature and magnitude of the problem. An important issue is the extent to which the homeless manifest each of a variety of social and personal problems. Is homelessness primarily a housing problem, an employment problem, a condition created by deinstitutionalization, a manifestation of the breakdown of family life, a symptom of the inadequacies of our public welfare system, or primarily a manifestation of any of the myriad other social problems that currently worry our society?

Estimates of the total size of the homeless population in the country vary from about a quarter million to upwards of three million (U.S. Department of Housing and Urban Development, 1984; U.S. Department of Health and Human Services, 1983; Cuomo, 1983). Similarly wide variations exist in the estimate of the homeless populations of cities and states. The sources of homelessness are equally vaguely understood: Estimates of the fraction of the homeless who suffer from debilitating mental illnesses vary from about a quarter to more than 90% (Bassuk, 1984; Bachrach, 1984; Arce et al, 1983); capable epidemiologies of their physical health problems are nearly non-existent (Brickner, 1973; 1984). Little is known about the factors that create homelessness, except in a broad, general sense. Even the very definition of the condition of homelessness itself has yet to be widely agreed upon (Baxter and Hopper, 1983; Crystal, 1982).

A major goal of the research reported here was to provide a more firmly grounded empirical appraisal of the factual circumstances of homelessness that could serve as a framework for understanding the social, economic, psychological and medical conditions of the homeless. The framework in question would be, hopefully, one that could be used in formulating workable social policies that would alleviate the problem of homelessness. Note that the research reported here was not designed to evaluate specific remedies: That would have been premature in the absence of basic knowledge of the homeless problem. Our major aspiration was that our findings would be at least the beginnings of such basic knowledge. Nevertheless, some of the findings had such clear policy implications that this report goes beyond our initial ambitions to present a limited number of policy recommendations in the last chapter.

Social Epidemiological Issues

Several important issues concerning the composition of the homeless and the sources of homelessness have been raised in the current literature on this topic. To begin with, there is some considerable uncertainty over the size of homeless population, as indicated above. In addition, although there is some consensus that the number of homeless has been growing, there is also considerable disagreement about why this may be the case. Some believe that the upward trend is largely the result of the deinstitutionalization of the chronically mentally ill, the increased difficulty of admitting persons into mental hospitals and of keeping them there for extended periods of treatment; indeed, one study suggests that as many as 90% of the homeless (in Boston) may be homeless for this reason (Bassuk, 1984). Others emphasize the severe decline over the last decade in urban low-cost housing (losses without replacement through conversions, arson, or general decay) as a major factor (Hopper, 1983); still others emphasize the currently high levels of unemployment that have caused many working poor to lose their jobs and, with unemployment, to suffer severe declines in their abilities to purchase housing on the existing markets (Salerno et al, 1984). And so on through a long list of rather controversial explanations.

The important point, of course, is not which of these explanations is the "correct" one. There is some evidence that each of them is true to a degree. The more important question is, "to what specific degree?" In other words, how much of the current problem of homelessness in America can be attributed to each of the many causal factors? Answering this and related questions requires basic research that is not immediately and directly related to providing services designed to relieve the presenting problems of the homeless. As is the case in other applied fields, basic knowledge can provide a background framework allowing for better and more pointed design of services.

The Chicago Homeless Study

A major reason why we know so little in detail about the homeless is that this group cannot be easily reached and canvassed by conventional research methods. Conventional approaches usually assume that every person in a population to be studied has a fixed abode. By definition, this assumption cannot hold for the homeless. Properly to study the homeless, to describe their conditions, and to provide good estimates of their composition requires the development of new approaches based on different and more realistic assumptions that hold for this population.

The design of the Chicago Homeless Study used an approach that is especially appropriate to homeless people. The innovative research strategy employed by the Chicago Homeless Study rests on assumptions that hold for this population, i. e., for persons who do not reside in conventional housing.

The Purposes of the Chicago Homeless Study

There were four main goals of the Chicago Homeless Study:

1. To develop and test methods for conducting unbiased surveys of homeless people that could be used in any city and could be generalized to make estimates for the entire nation.

2. To describe the social conditions under which homeless persons in Chicago lived.

3. To describe the social and demographic composition of the Chicago homeless.

4. To estimate the size of the Chicago homeless population.

In terms of the first goal, described above, Chicago is simply a test site. As the nation's third largest city, it is certainly big and complex enough in its economic base, social and demographic composition, and other critical characteristics to be a difficult test of the research approach we developed. If the method worked well enough in Chicago, then its applicability to other American cities would be enhanced. But, there were other reasons for choosing Chicago, including the presence of a major survey research organization, the National Opinion Research Center (NORC) at the University of Chicago. There are few survey research organizations that can rival NORC's skill in collecting data through sample surveys. As important the strong interest in and support for this research endeavor shown by the Illinois Department of Public Aid meant that the survey effort had access to organizations whose cooperation would be essential.

Whether or not our findings describing the homeless of Chicago can be directly generalized to homeless in other urban places is problematic. We will present evidence later on in this report that tends to support the position that the composition of the homeless population is much the same in a wide variety of cities. Whatever the fragmentary evidence on the issue may tend to support, until additional surveys in other cities are undertaken, the findings described in this report are properly regarded as applying mainly to the city of Chicago.

The Design of the Chicago Homeless Study

There are several alternative approaches to developing the needed information on the homeless. Ideally, what would be required is a complete and exhaustive census of the homeless population of the United States. Although such a census is feasible in principle, its cost would clearly exceed the utility of the information obtained. Furthermore, the very characteristic that defines this population, namely, the lack of a fixed abode, is also the greatest barrier to its enumeration and necessarily multiplies costs, compared to conventional censuses. Conventional methods of collecting data on similar topics from the "homed" population would have to be modified to accommodate to the special characteristics of the homeless. In the design stage, we considered several approaches, finally settling on a modification of conventional sample survey methods as the most appropriate.[1]

Sample surveys, in which only an unbiased sample of the population is studied intensively in order to make inferences about the total population has proved to be among the most useful of social science research methods. Sample surveys would also appear to be an efficient way to gather data on the homeless. (Rossi, Wright and Anderson, 1983; Sudman, 1976.) Sample surveys of residents of institutions, communities, states and the country as a whole, and of the members of organizations have become so commonplace in the United States that we have become thoroughly accustomed to reading or hearing about accounts of the findings of surveys ranging across a wide variety of topics -- including, among others, estimates of unemployment rates, medical care utilization, employee morale, consumer preferences, criminal victimizations, political opinions and candidate preferences. Indeed, there appears to be almost no limits on either the kinds of persons who may be sampled or the topics that can be explored by using sample survey methods.

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[1] Early in the planning stage of the Chicago Homeless Study, we briefly considered an approach, capture-recapture sampling, that is used often for the study of other undomiciled populations, especially wildlife, such as deer in the forest, fish in a lake, and so on. (Cormack, 1972) This approach consists of taking successive samples of the target population in a delimited area, identifying in some way the individuals caught, and releasing those captured. Estimates of the composition and total size of the target population are developed by using the proportions of individuals captured in later samples who were also caught in previous samples. We had planned to conduct several surveys of Chicago examining the overlaps among them. However, when significant amounts of in- or out- migration in the population under study occurs, the approach requires three or more sample surveys to support good estimates of the size of the population. When it turned out that each survey was much more costly than anticipated, this approach had to be abandoned. Furthermore, capture-recapture approaches require much larger samples than the approach we finally adopted.

Another approach considered was to sample only the homeless in shelters, relying on occupants' reports of their use of streets or public places as dwellings to extrapolate to the entire homeless population. This approach rests heavily on the accuracy of homeless' reports of their usages of various alternatives to the shelter and on the assumption that every (or nearly every) homeless person uses the shelters to some measurable extent Since there was abundant evidence from previous studies that the homeless were difficult to interview and that many homeless were alleged to avoid shelters entirely, this approach was also rejected.

At first thought, using sample surveys to estimate the sizes of urban homeless populations and their compositions may seem only a logical extension of the conventional survey to yet another, although unusual topic. But such is not the case: Conventional sample surveys using face-to-face interviews or mailed questionnaires are based on the assumption that virtually all[2] persons have some sort of address, marking the location of a dwelling to which that person usually returns at least for periods of sleep, and ordinarily to have meals. Surveys conducted by telephone are based on an even weaker assumption, namely that upwards of 85% of American households subscribe to telephone services, and hence can be reached by phone.

For the typical person, her or his dwelling is also a place to meet more or less regularly with members of an immediate family. Taking a survey whether by mail, telephone or face-to-face interviewing is enormously facilitated by this residential patterning; the survey researcher knows where to send interviewers, where to mail questionnaires, or where to telephone. Furthermore, when some specific individual cannot be found at home, other household members can often indicate when that person is most likely to be at home.

A sample survey of homeless persons is unconventional precisely because, by definition, almost all homeless persons do not have dwellings, addresses or telephone numbers at which they can be reached easily.[3] Consequently, the task of the survey researcher is more complex than would be the case with a conventional survey of homed persons. A second characteristic of homelessness further complicates the researcher's task: Homelessness is not an immediately discernible condition. To be sure, many homeless persons are shabby and unkempt because not having a dwelling and being poor makes it difficult to "keep up appearances". But being shabby and unkempt is not true of all homeless and many homed persons are also poorly dressed. To determine whether a given individual is homeless requires that we know some critical facts about that person, especially whether she or he owns or rents a dwelling, information that can be obtained primarily through questioning.

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[2] In typical conventional surveys, institutionalized persons -- hospitalized, living in dormitories or on military bases -- are omitted from the definition of the population to be sampled.

[3] This is not quite true since our Phase I Survey brought to light that a majority of Chicago homeless do have an address through which they can be reached by mail -- usually the address of a shelter, or a parent or sibling. However, these addresses are simply mail drops that are in the name of the shelter or the relative in question. In short, these addresses do not provide a means of reaching homeless persons for interviewing since these addresses are not places that the homeless use on a regular diurnal basis. Furthermore, a considerable minority -- about one in four -- were not able to designate such addresses. The latter were heavily concentrated among persons who were located through our street survey.

In addition, a conventional sample survey can usually count on encountering an average level of verbal ability and literacy high enough to facilitate the task of asking questions and receiving valid answers. For an unknown but significantly large proportion of homeless persons, this expectation may not hold. A large (but unknown) proportion of the homeless are thought to be deinstitutionalized chronically mentally ill or to suffer from some other condition that impedes easy communication. Survey questionnaires and interview schedules have to be carefully tailored to these expected conditions.

Being homeless is a heavy burden for those who are in that condition and the existence of homelessness in any community is a condition about which no one can feel any pride and most would feel some shame. Nevertheless, even in communities that are reputed to have many homeless persons, that pitiful condition affects only a very small proportion of residents. In Chicago, for example, homelessness at most can involve no more than 1.2% of the adult population, since the largest of current estimates of the homeless is 25,000 in that city and the total adult population is about 2.15 millions, clearly a significant problem but fortunately relatively rare. If the number of homeless is much less than 25,000 then homelessness is corresponding more rare.

The rarity of homelessness implies that a straightforward approach to sampling would be inefficient. For example, straight random sampling of the Chicago adult population would mean that, on the average, about 83 persons would have to be approached in order to identify a single homeless person. This procedure is inefficient because the major portion of resources would be spent on identifying persons as homed, and many persons would have to be approached and questioned in order to locate a sufficient number of homeless persons for interviews. If the number of homeless is of a smaller magnitude than the estimate of 25,000 quoted above, the inefficiency of such an approach becomes even greater. For example, a homeless population of 5,000 would mean that 0.2% of the Chicago adult population was homeless, and about 500 homed persons in a random sample would have to be interviewed in order to identify a single homeless person.

Fortunately, we can take advantage of the fact that the homeless are not randomly distributed throughout any locality. Some portion of the homeless in every city are provided with temporary housing by shelters and every night that portion can be found in such accommodations. In most cities, however, those concerned with the welfare of the homeless claim that the shelter capacities can cover the sleeping accommodation needs of only a minority of the homeless, the majority being forced to find other places to stay at night.

Homeless persons who do not use shelters are also not distributed uniformly throughout any city. There are areas in each city where the homeless congregate during the daylight hours, and areas (often the same ones) where they are to be found in large numbers at night. Because of their limited resources and dependence on the organizations that provide special services to the homeless -- e.g. soup kitchens, day shelters[4], heated indoor places that are open to the public, such as bus and train stations -- homeless persons tend to concentrate in particular and accessible areas of the city. This is not to say that all homeless persons will be found in a small number of neighborhoods, but that a small number of areas will harbor a majority or more.

In summary, any efficient sampling strategy for dealing with the homeless population would have to take into account the following special characteristics of the group:

1. Homelessness is a relatively rare condition, affecting 1% or less of the adult population.
2. The condition of homelessness is not immediately discernible but requires screening for identification.
3. No adequate listing of addresses or telephone numbers can be assembled for reaching a large proportion of the homeless.
4. Homeless persons are concentrated geographically. At night they are concentrated in shelters and in public access places near homeless serving institutions.

An Efficient Sampling Strategy

An efficient sampling strategy for dealing with homeless persons would be one that took into account the special characteristics listed above. For example, such a strategy would reduce the task of screening to find homeless persons to a minimum, thereby conserving scarce resources. It would also concentrate efforts on areas where homeless persons tended to congregate in relatively large numbers. (A fuller description of research procedures used in Phases I and II can be found in Appendix A.)

Three procedures were devised to maximize efficiency in the Chicago Homeless Study, as follows:

1. Dividing the survey effort into two parts: (a) A survey of homeless persons housed in shelters specifically dedicated to supplying sleeping places for homeless persons; and (b) A survey of homeless persons found on the streets, in public places and in all other places to which the public has access.

   a. **The Shelter Survey**

   On any given night, some (although not all) homeless persons use the shelters that have been provided for them, and very few, if any, homed persons do so. A survey of shelter dwellers appeared to be an efficient way of getting at that component of the homeless population who used shelters.

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[4] Many of the shelters that provide night time sleeping accommodations do not allow persons to stay in the shelter during most of the daylight hours. Day shelters provide places for homeless persons to stay during the day but do not provide night time sleeping accommodations. Some day shelters also provide midday meals and limited medical clinical care.

b. **The Street Survey**
The survey of "street homeless" was to be conducted by making a thorough search of a sample of census blocks in the city of Chicago, with the searchers entering any and all places on those blocks to which access could be gained. All persons encountered were to be interviewed to determine whether each was homeless.

2. Choosing a survey time during the 24 hour day for the street homeless survey which maximized the separation between homed and homeless persons.

The overwhelming majority of homed persons are in their dwellings sleeping during the period 1 AM to 6 AM. A survey taken during that period of persons outside of dwellings would minimize the screening of homed persons.

3. Concentrating the survey effort on places where homeless are known to congregate.

Homeless persons are not distributed uniformly through a city but concentrate on certain locations. By obtaining some knowledge about the distribution of the homeless throughout the city, our survey efforts can be concentrated and hence be made more efficient.

These approaches reduced the costs of screening persons for homelessness, provided unbiased estimates of the major components of the homeless population and opportunities to gather rich data on the characteristics of the homeless.[5]

Phases I and II Replicated Surveys

The severity of homelessness most likely varies with the seasons, affecting both the size and the composition of the homeless population. Hence a survey taken in the summer may not represent conditions as described in a survey taken in the winter. The Chicago homeless survey was initially designed as a set of three surveys, each to be taken in a different season, but because each survey was more expensive than originally estimated, only two surveys were conducted, a Phase I Survey conducted during the period September 22 to October 4, 1985 and a Phase II Survey conducted February 22 to March 7, 1986.

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[5] A similar but not identical approach was used to estimates the size of the Washington D.C. homeless population. On a given night during the Summer of 1985, researchers from the District of Columbia University toured every block in the District counting the number of "apparently" homeless persons encountered. In addition, for a small subsample of blocks in the District Central Business District, intensive searches were made by specially trained experienced researchers who penetrated structures in much the same fashion as the NORC interviewing teams. The street searches were also supplemented by enumerations of the shelter populations on the same night. The street searches were adjusted by applying the ratio of the number of homeless persons found in the intensive search to the numbers found by the more superficial counts. (Robinson, 1985.) See Appendix A for a more extensive discussion of the Washington survey.

Both surveys were based on the same general design, but Phase II contained modifications suggested by the experience of the earlier phase and also included several topics that went beyond the concerns of Phase I. (The details of the differences between Phase I and Phase II will be discussed later in this Chapter.)

Survey Design

The general design of both Phase I and Phase II contained the following elements:

A. Shelter Survey

The shelter survey was envisaged as a relatively conventional survey operation, involving no particularly different or more difficult set of procedures than the usual survey of the members of any other residential institution, such as a college, hospital, military unit, and the like. As is usually the case with surveys of residential institutions, the main difficulty was a "political" one, namely obtaining the cooperation of those who control access, in this case, shelter operators. Shelter operators were asked to furnish NORC with complete lists of shelter occupants, to provide access to those whom we wanted to interview and, to designate some place in the shelter where interviews could be conducted in privacy. Fortunately, we had the cooperation both of the Chicago Mayor's Task Force on the Homeless and the Illinois Department of Public Aid,[6] and hence NORC interviewing staffs could cite trusted sources that could vouch for their good will and authenticity when approaching shelter managers.

In order properly to sample sheltered homeless persons, it was necessary to obtain as complete as possible a listing of all the shelters established and operating that provided sleeping places primarily for homeless persons. From several knowledgeable sources[7], NORC first obtained a complete list of all shelters, surveyed the shelters by phone to ascertain whether each was still operating and whether the shelter was oriented primarily toward homeless persons per se or had some other primary function.[8] In Phase I, the listed universe of eligible shelters in Chicago consisted of 28 units with a total capacity of about 1,600 beds. The Phase II shelter universe contained a much larger number of shelters, 45, and a correspondingly larger bed capacity, about 2,000, the social services of Chicago apparently responding to the greater shelter needs of the winter season. (See Table 1.1 for details on the sample of shelters.)

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[6] The Illinois Department of Public Aid generously provided part of the funds for both Phase I and Phase II of the Chicago Homeless survey. In addition, the Department provides out of its budget for support of the shelters.

[7] The sources included the Mayor's Task Force on the Homeless, the Illinois Department of Public Aid, Chicago Catholic Charities, and Travellers' Aid Society.

[8] Some of the places on our initial lists were shelters for persons who may or may not have been homeless but who were special categories. For example, some places were primarily detoxification units. Others were set up primarily to serve battered women. Reasoning that such special purpose shelters were similar to other special purpose units that may also serve homeless persons -- such as hospitals and

Table 1.1

Chicago Shelter Universe and Shelter Samples
Phase I and Phase II

A. Shelter Universe and Samples: Phase I and II

	Phase I	Phase II
1. Eligible Shelters in universe -------------	28	45
2. Universe bed capacities -------------------	1573	2001
3. Shelters drawn in sample ------------------	22	27

B. Details of Phase II Shelter Sample

Shelters were drawn with probabilities proportionate to size, with residents sampled disproportionately within shelters to form a self-weighting sample. Sampling ratios for the Phase II sample were as follows:

Shelter Size Classification	Number in Universe	Number in Sample	Occupant Sampling Ratio
Large Shelters (37+ Beds)	17	17	.25
Medium Shelters (18 to 33 beds)	12	6	.50
Small Shelters (less than 18 beds)	16	4	1.00

The shelter surveys were planned as two stage probability samples: Stage one consisted of a probability sample of shelters. Stage two consisted of a systematic sample of shelter inhabitants drawn within each of the shelters chosen in stage one. In the Phase I survey, 22 shelters were selected from the universe of 28 shelters. The shelter sample consisted of all of the large shelters (more than 5 accommodations) and a one-in-three randomly selected sample of smaller places. Within the

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jails -- we excluded such special purpose places from the universe of homeless shelters. Among the shelters excluded in Phase II, 3 were for the chronically mentally ill (bed capacity of 44), 6 were for battered women (total capacity 146) and 5 were detoxification units (bed capacity of 101). The remaining excluded places turned out not to be shelters that provided sleeping accommodations. The combined bed capacity of excluded shelters in Phase II was 291. (Comparable information on the Phase I experience unfortunately was not collected.)

large shelters, one in three shelter dwellers were selected systematically[9] for interviewing, and within the smaller shelters, all persons were selected. This sampling strategy led to an overall sample of one in three shelter dwellers.

In the Phase II survey, a larger sample of shelters was taken and the sampling ratio within shelters was correspondingly reduced. The Phase II shelter sample is described in Panel B of Table 1.1.

The Phase I and II shelter surveys served as the bases for fairly precise estimates of the total sheltered homeless population. The interviewers obtained from the shelter operators a complete list of all persons being sheltered on the night[10] of the survey. These lists provided a complete count of the sheltered homeless on the nights the shelters were contacted for our surveys. The sums of such counts, added together over all the shelters in each of the Phase I and II samples, properly weighted to take into account the fact that a fraction of the smaller shelters were in each sample, form the bases for fairly precise estimates of the nightly average numbers of homeless persons in shelters during the survey periods.

Persons selected to be interviewed in the shelters were offered $5.00 as payment and taken off to a private spot for the 15-20 minute interview. Copies of the interview schedules used in the Phase II survey (identical in most important respects to the Phase I interview schedules) are reproduced in Appendix C.

B. The Street Survey

Surveying homeless persons who were not in shelters was a more difficult operation. Even in the dead of the night, homeless persons are not easy to identify as such. Nor are they to be found only in places that are easy to locate. The strategy settled upon was to make a thorough search of a sample of all non-dwelling places where homeless persons might find shelter for the night. The numbers of homeless we actually located were then used to make projections that were estimates of the total numbers of such persons in the city.

The "places" we sampled were census blocks, usually identical to residential or commercial blocks as conventionally understood, but also including open places, parks, railroad yards, or vacant land. Census blocks are divisions of the entire area of a city, including all land, whatever the use to which that land may be dedicated. For the city of Chicago, the 1980 Census defined approximately 19,400 blocks.

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[9] The actual selection was made by taking every third name (after a random start) on rosters containing names of every person registered in the shelter as spending the night there. The rosters were supplied by the shelter operators.

These rosters also provided a complete count of all homeless persons in the shelters on the nights in question. Assuming that the rosters were accurately compiled, these lists provide a precise enumeration of the sheltered population on the survey nights.

[10] Sometimes the counts actually referred to the previous night when the shelter was surveyed in the early morning after the previous night's residents were awakened. However, in all cases, the total shelter counts and the occupants interviewed referred to the same night.

Since we expected -- and experts agreed -- that homeless persons tend to concentrate in particular localities, our search for homeless persons could be made more efficient if the blocks in our sample were classified for stratification purposes by how likely it was that homeless persons were to be found on each block. To obtain that information we needed to tap the intimate knowledge of some organization that was acquainted with the "dead-of-the-night" conditions on each of the blocks. There are a few organizations that do have the coverage that makes the accumulation of such knowledge possible, including the police and fire departments, public utilities and other organizations operating round the clock[11].

NORC was very fortunate in obtaining the cooperation of the Chicago Police Department, who assigned the task of rating each of the blocks in Chicago to community relations officers in each of Chicago's police precincts. The blocks were rated on a scale ranging from zero probability of finding homeless persons on that block to a "high density" block in which five or more homeless persons were likely to be found. The precinct community relations officers consulted with officers on each of the "beats" in his precinct to obtain the ratings, as well as relying on their own acquaintance with their precincts.

In addition, the resulting classification of Chicago blocks was reviewed by several knowledgeable groups, including members of the Coalition for the Homeless, the Chicago City Planning Department, and officials of Catholic Charities. The final classification of Chicago census blocks is shown in Table 1.2. Note that the vast majority (94%) of Chicago blocks are classified as having very low probabilities, and only 6% as having some significant chance of having homeless persons on them in the dead of the night. As anticipated, Chicago's homeless were seen as mainly to be found in a small number of neighborhoods.

Within each of the density classifications, blocks to be sampled were picked randomly.[12] To further enhance the efficiency of the street survey, low density blocks were clustered into units of 5 contiguous blocks in Phase I and 3 for Phase II, and sampled as clusters, thereby facilitating the survey operation.

Because Phase I results were accompanied by large standard errors, the sample for Phase II was enlarged, especially in the low density stratum. Special attention was paid in Phase II to blocks with especially high densities, such as railroad stations, airports, and bus stations. In addition, a subsample of high density blocks were also searched in the early night hours, 6:30 to 10:30 PM, in order to test the extent to which our choice of the dead of the night hours might have systematically excluded homeless persons who might manage to negotiate the temporary sharing of someone's dwelling and hence be missed in our regular dead of the night search.

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[11] Should it have happened that the experts we consulted did not really know where the homeless were likely to be found, the overall design of the survey would have suffered some small loss in precision (i.e., larger standard errors than are found with simple random sampling), but would not have produced biased estimates of the homeless population. On the other hand, if the experts were knowledgeable (as we believe they were), the precision of the survey would be increased.

[12] Note that the blocks that were searched were not picked by the Police Department. The latter's only role was to provide a classification of blocks. The actual blocks searched were chosen by a strictly random procedure.

Table 1.2

Street Survey Sample Design

I: Stratified Random Block Sample: Phase I and Phase II[a]

Census Block Classification and Sample Sizes

Prior Density Classification[b]	Universe Number of Blocks	Phase I Sample Size	Phase II Sample size
High Density	295	49	49
Medium Density	806	49	49
Low Density[b]	18308	70	147
TOTAL	19409	168	245

II: Additional Blocks Surveyed in Phase II:

A. "Super blocks": With the help of knowledgeable persons from the Mayor's Task Force on the Homeless, seven locations were identified as places with exceptionally heavy night time concentrations of homeless persons. These "super blocks" included Union Station, the Greyhound Bus Station, several stations on the "L", and similar locations.

B. "Dusk Blocks": To evaluate the contention that our "dead of the night" street searches missed significant portions of homeless persons who found temporary accommodations with other persons and who could be found on high density streets during the evening hours, seven of the high density blocks were randomly chosen and searched on an alternate evening between the hours of 6:30 PM and 10:30 PM.

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[a] Phase I and Phase II samples were drawn independently.

[b] Prior classification accomplished with the help of community relations officers of the Chicago Police Department and modified with the help of other knowledgeable persons.

[c] Low density blocks were sampled in clusters of five blocksin Phase I and of three blocks in Phase II.

In order to enhance the personal security of interviewers, NORC hired Chicago Police Department off-duty officers as interviewer escorts. A police escort accompanied each interviewer, often preceding the interviewer in penetrating abandoned buildings, open hallways, and other such places. The places searched were often dangerous because of the presence of predatory persons.

A week or so prior to the launching of each of the surveys, NORC supervisors visited each of the sample blocks, marking on an outline map of each block special features, such as alleys, abandoned buildings, or restaurants, of which the interviewing teams should be alerted. Copies of these maps and special instructions were furnished to each interviewing team.

On the assigned survey night, each of the blocks in the sample was canvassed by teams of NORC interviewers during the period between 1 AM and 6 AM. At least two teams of interviewers, each team consisting of an interviewer with an accompanying off-duty police officer as an escort visited each of the chosen blocks. A night's survey assignment ordinarily would consist of several blocks. The teams assigned to work together drove to their location in cars, each car being furnished with a mobile telephone that would enable the teams to contact supervisors at NORC for any reason.

The interviewing teams were instructed to walk around each block, down into any alleys or passages, and into each structure that allowed public access (i.e. did not have a locked, closed door or gate) and to query each person encountered in that search. Interviewers were specifically instructed to look into parked cars or trucks, to enter all-night movies, restaurants and bars or other places open to the public, and to enter each structure on each block proceeding as far into each structure as possible, including searching open basements, roofs, hallways and any other place to which they could gain access without destroying property or incurring undue risks.

As mentioned, each interviewer was accompanied by an off-duty police officer in order to ensure the safety of each interviewer. The police escorts were given the responsibility of determining whether particular locations were safe enough for an interviewing team to attempt to enter. In a few cases, negative determinations of this sort were actually made.

The interviewers were instructed to interview each person encountered in the course of the search of each block using a short "screening" schedule. (See Appendix C for a reproduction of the Phase II screening interview.) Any and all persons who were encountered walking, sitting, lying down, whether inside a structure or outside, or sitting in a car, van or truck, or riding a bicycle were to be approached for screening. Persons found sleeping were to be gently awakened and then asked for an interview. In all cases the interviewing teams were to announce their purpose, assure the person encountered that no harm was intended, and to identify themselves and their escorts.[13]

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[13] The interviewer escorts were identified as Chicago off-duty policemen who were present to protect the interviewer and not to harass the interviewee. As in other places, Chicago police are usually recognized as such despite the absence of

The purpose of the screening interview was to determine whether or not the person encountered was homeless. For their cooperation, each person to be screened was offered $1.00 in payment for responding to the screening questionnaire. If the person was determined to be homeless, according to the definition described below, the interviewer proceeded with a longer interview, offering an additional $4.00 in payment. The longer interview schedule used was identical to the one used in interviews with shelter occupants. (See Appendix C for reproduced copy.)

On blocks where the number of persons encountered was too large to be handled easily by the number of assigned interviewers, they were instructed to count all persons present on the block and to choose persons to be approached in a systematic way, in order to get as representative a sample as possible. Given the time of the night when the interviews took place, there were only a few times when this sampling procedure had to be used: There simply are not many places in Chicago where the streets are crowded during the dead of the night.

Payment of Respondents

As noted above, homeless persons who agreed to be interviewed were paid $5.00 in cash for their cooperation. This amount was determined by an informal test undertaken during the pre-test for Phase I, in which homeless persons approached for pre-test interviewing were either offered $3.00 or $5.00. The predominant opinion of the interviewers was that there was considerably greater willingness to be interviewed when the $5.00 payment was offered.

Survey Management

Interviewer supervisors were in touch with the interviewing teams through the mobile telephones in each of the team automobiles. This arrangement made it possible to assign additional interviewer teams to a location when the originally assigned teams encountered too many persons to handle or when other problems arose.

The interviewing assignments were arranged so that each night's set of locations were a random subsample of blocks. Interviewing assignments were set so that teams alternated nightly between interviewing in shelters and participating in block searches.

A more detailed account of the field work and its management can be found in Appendix B.

Sampling Implementation

The worth of a sample design rests primarily on the extent to which that design conforms to the requirements of the statistical inference models upon which it was based. Of almost equal importance is the fidelity with which the sampling plan was carried out. Especially critical for samples of human populations is the sample completion rate, or the extent to which persons designated to be sampled were interviewed. The relevant data for both the shelter and street surveys in both phases are given in Table 1.3 and 1.4. All of the completion rates are well within the accept-

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uniforms or insignia.

able range for sample surveys. Indeed, considering the fact that the homeless are a difficult population to interview, the completion rates must be regarded as exceptionally high.

Cooperation was achieved from over 95% of the shelter operators in Phase I and more than 85% in Phase II. Within shelters, 83% in Phase I and 78% in Phase II of the sampled residents cooperated by giving interviews. About half of the residents who did not complete interviews refused to cooperate, the other half being unavailable for interviewing. The latter uncompleted interviews consist of persons absent from

Table 1.3

Shelter Survey Implementation Experiences

	Phase I	Phase II
A. Shelter Universe		
1. Eligible Shelters in universe ----------------	28	45
2. Shelters drawn in sample ---------------------	22	27
3. Sampled Shelters agreeing to participate -----	21	23
Shelter Completion Rate ------------------	(95.5%)	(85.2%)
B. Shelter Resident Sample		
1. Eligible residents in sampled shelters--------	934	1183
2. Eligible residents selected in sample---------	320	317
3. Sampled residents interviewed-----------------	265	248
Completion Rate----------------------------	(82.8%)	(78.2%)
4. Uninterviewed Sample Shelter Residents		
a. Unavailable[a] for interview --------------	41	19
	(12.8%)	(6.0%)
b. Refused interview------------------------	14	49
Refusal Rate---------------------------	(4.4%)	(15.4%)
c. Interview breakoff before completion------	0	1

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[a] "Unavailable" means that person was not present in the shelter at the time of the survey (e.g. at work, temporarily absent, etc.) and hence was not asked for interview. Callbacks were attempted on all unavailables: The cases shown here were those with whom callbacks were not effective in retrieving the interviews.

the shelters at the time of interviewing but who were shown on the rosters as present during the reference period of the survey[14]. Some were out on their jobs, on errands, or absent for some other reason.

Table 1.4 contains the sampling experience for the street survey. All of the blocks designated in the sample were surveyed. A total of 318 persons in Phase I and 289 persons in Phase II were encountered on those blocks and approached to be screened as to their eligibility for interviewing on the main questionnaire. At this stage of screening, 25% in Phase I, and 13% in Phase II persons refused to be interviewed with the screening questionnaire, leading to completion rates[15], respectively of 73% and 82%. Some of the persons approached simply ignored the interviewers; others misinterpreted the interviewer's request and still others simply refused. Clearly, to be approached on the street in the dead of the night for an interview is not a "normal" experience and some of those approached were not confident that the approach was a legitimate request. Nevertheless, more than three out of four persons approached did agree to answer the questions put to them.[16]

All told, 23 persons in Phase I and 30 persons in Phase II were found to be homeless. Of these, 96% in Phase I and 93% in Phase II agreed to answer the questions on the main questionnaire, leading to an overall completion rate of more than 90%, a cooperation rate far exceeding that obtained in the usual sample survey.

Although many persons familiar with homeless persons had warned us repeatedly that homeless persons were difficult to interview, the NORC interviewing teams did not find the interviewing to be nearly as difficult as expected.

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[14] The initial number of uncompleted interviews in Phase I was considerably larger. However, strong efforts were made by NORC to re-contact the shelters and interview the absent persons at times convenient to them, resulting in a drastic reduction in the number of persons not contacted. Interviewers returned to the shelters in question and managed to obtain interviews with the persons missed.

The fact that so many of the missing respondents were able to be found again at the same shelters suggests that some large portion of the shelter population are regular residents who return night after night to the same shelter. As we will show in later chapters, those we interviewed in shelters tend to be consistent users of shelters.

[15] Completion rates and refusal rates do not add to 100% because there were a few persons encountered who broke off the screening interview before completion (4 in Phase I and 5 in Phase II) and a few others who were unable to be screened (2 in Phase I and 9 in Phase II).

[16] Note that in the usual survey, uncompleted cases consist mainly of persons who were never contacted, usually persons who were repeatedly not at home when the interviewers called. In the street survey, almost every person who was encountered was contacted and hence uncompleted interviews consist primarily of outright refusals.

Table 1.4

Street Surveys Implementation Experiences

	Phase I	Phase II
A. Block Universe And Sample		
1. Blocks in universe	19409	19409
2. Blocks selected in sample	168	244[a]
B. Street Search Experience		
1. Persons encountered[b] and approached for screening	318	289
2. Persons encountered and screened	232	238
Screen Completion Rate	(73%)	(82%)
3. Persons who refused screening interview	80	37
Screen Refusal Rate	(25%)	(13%)
4. Screen interview breakoff	4	5
5. Person encountered unable to be screened	2	9
C. Main Questionnaire Experiences		
1. Persons screened and eligible for main interview	23	30
2. Completed main interview	22	28
Completion Rate	(96%)	(93%)
3. Refused main interview	1	0
Interview Refusal Rate	(4%)	(0%)
4. Interview breakoff before completion	0	2

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[a] Note that 245 blocks were selected for the block sample. However, one of the blocks selected "did not exist" and hence was not searched.

[b] An "encounter" consists of any person present on a block or in any of the public access places on a block who was walking, sitting, standing, lying down, sitting in a parked car or truck, or riding a bicycle.

Analysis Sample

The sample sizes resulting from the Phase I and Phase II surveys are small: 22 and 28 interviews, respectively, with street homeless and 265 and 248 interviews with shelter residents. Especially small were the two street samples. In order to augment the sample sizes, we considered using additional street interviews from the pre-tests and non-sample interviews from the street and shelter surveys. The non-sample interviews in Phase I and Phase II arose in two ways: 1) Some shelter residents who were not chosen in the samples of their shelters slipped in among those who were so designated and were interviewed (and paid $5.00) inadvertently; and 2) in Phase II we chose a set of "superblocks" consisting of places where street people were known to congregate. The numbers of such interviews to be added to the survey are shown in Table 1.5.

All told some 159 additional street and shelter resident interviews were available. Using analysis of variance and discriminant analysis to compare the non-sample with their sample counterparts, we did not find any significant statistical differences on a wide variety of characteristics, such as age, gender, employment and the like. To be sure, the shelter sample differed in significant ways from the street sample, but non-sample street interviews were not discernibly different from the sample street interviews and non-sample shelter residents were not noticeably different from their sample counterparts. This fortunate finding justifies as appropriate our merging the pre-test and non-sample interviews with the shelter and street samples.

The final merged sample consists of 722 cases, 166 street interviews and 556 shelter interviews. This merged sample forms the base for the descriptive chapters that follow and is described in detail in Table 1.5. Note, however, that the merged sample is not used for the projected estimates of the size of the Chicago homeless population presented in Chapter 3; Only the sampled homeless counts are used in those estimates.

Sample Weights

The shelter and street samples are each unbiased samples respectively of the shelter and street components of the Chicago homeless. However, the sampling ratios used in each component were quite different. Hence they cannot be combined without applying weights that recognize that the street sample is a much lower proportion of the street homeless than the shelter sample is of that component. The statistics shown in Chapters 3 through 9 and designated as "weighted N" or "weighted totals" or "totals" were obtained by applying these weights. (See Appendix A for a description of the weights and the methods used to calculate them.)

Table 1.5

Sources of Cases for Compositional Analysis

Sources	Phase I	Phase II	Total
Sample Design Interviews			
Street Sample	22	28	50
Shelter Sample	265	248	513
Subtotal	287	276	563
Non-Design Interviews			
Super-Block Interviews	20	26	46
Street Pretest	32	37	69
Dusk Street	0	1	1
Shelter Error[a]	33	10	43
Subtotal	85	74	159
Grand Total	372	350	722

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[a] These are homeless persons who were interviewed by "error". Some of the homeless persons in the shelters who were not chosen in the sample for their shelters managed nevertheless to be interviewed, apparently attracted by the $5.00 respondent fee.

CHAPTER 2

The Conditions of the Homeless of Chicago

Homelessness is not an all-or-none binary condition, but a continuum. Consequently, it is easy to achieve agreement on the extremes of the range from homed to homelessness, but there is much disagreement on where the boundaries between the homed and the homeless should be placed. Homelessness is a condition that describes persons who do not have customary and regular access to a conventional dwelling, mainly those who do not rent or own a conventional dwelling. Thus persons whom we found in our street searches sleeping in abandoned buildings and who did not have an apartment or house they could go to are clearly homeless. At the other extreme, persons who own their own homes are clearly homed. But there are many instances between these extremes around which disagreement may arise.

The ambiguities of homelessness center on two critical components of the definition given above, namely: What is a "conventional dwelling unit"? And, what is "customary and regular access"? Conventional dwellings surely include apartments, houses, and mobile homes that are parked in a mobile home park. But does the concept of conventional dwelling unit include hotel rooms (especially SROs), rented rooms in private dwellings, beds in dormitory-like accommodations, vans, tents, or shacks made of scrap materials? Similarly, questions can arise over the interpretation of the term "customary and regular access". Someone who owns her or his own home has customary access to that place, as does someone who is currently a member of that household. But is someone homed or homeless who has been given temporary permission to share a conventional dwelling by its owner? And, what period of time constitutes "temporary"? For example, if a divorcing adult child is offered temporary shelter by his or her parents, "for as long as you like", does that constitute being homed or being homeless? In a sense all these ambiguous cases are ones in which there is an element of homelessness in that the persons involved do not have a regular dwelling to which they can consistently and regularly go. At the same time, such persons are also homed in the sense of having shelter of some sorts for at least a time.

Additional ambiguities are easily encountered: For example, some of the shelters for the homeless ask for small payments from persons applying for shelter, but usually forego payment if the homeless person cannot pay the fee. Does that payment constitute rent? If so, should paying occupants still be considered homeless? Comparable ambiguities arise concerning persons who are in other institutional settings: Should general hospital patients who do not have conventional dwelling arrangements to return to be considered homeless? Or, the inmates of jails and prisons in comparable circumstances?

These definitional ambiguities are not simply scholastic issues. An important social policy issue is involved: What should constitute the floor of housing adequacy and decency below which no member of our society should be permitted to sink without being offered[1] some better alternative? If we set the standard that every household -- including one person households -- should be able to live in an apartment or house of their own, then the definition of homelessness is enlarged to include many of the ambiguous instances listed above. If we accept a lower standard, that includes as adequate housing doubling up or single room hotel accommodations then the definition of homelessness is narrowed.

Although we do not take any ultimate stance on what should be the ideal definition of homelessness, logistical considerations did force us to adopt an operational definition of homelessness that was toward the narrower end of the range of possible definitions. Because extending our survey operations to include hotels and rented rooms would have involved more than our resources could support[2], we adopted a definition of conventional dwellings that included homes, apartments, mobile homes, and rented rooms. An unconventional dwelling unit included dormitory arrangements (as in shelters), cars, vans, trucks, and scrap material shacks. Thus any current member of a household who occupies a dwelling that is rented or owned by a member of that household can be said to be homed. Any person who does not own or rent a dwelling or is not a regular member of a household that owns or rents a dwelling is homeless. Note that this definition covers one person as well as multi-person households. For much the same logistical reasons, we excluded the current inhabitants of hospitals, jails, prisons, and nursing homes[3]. We also decided not to consider payments or "donations" asked of shelter occupants as rent.

Operationally, the definition of homelessness used was as follows:

> A homeless person on a survey night was someone who --
>
> 1. Was a resident in a Chicago shelter provided primarily for homeless persons, or --
>
> 2. Was on the Chicago streets, in public places, or in places that can be reached without destroying property between the hours of 1 AM and 6 AM and who currently did not own or rent a dwelling nor was currently a regular member of a household that rented or owned a dwelling, and --

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[1] Note that the emphasis in this statement is on "being offered" better housing opportunities, ruling out the alternative of coercing persons to accept such opportunities.

[2] We considered setting a third component of the Chicago Homeless Study consisting of a sample of residents of SRO and other inexpensive hotels or motels. The major obstacle encountered was the absence of any reasonably complete lists of such accommodations in Chicago. Locating a sample of SROs would have meant screening blocks for such accommodations, an expensive operation.

[3] Here the logistical problems were considerable, involving obtaining permission from institution authorities to examine records or to interview occupants. Furthermore, there was the ambiguity about whether we should be concerned with their housing status prior to admission or after discharge, the latter requiring interviewing occupants.

3. Was not a transient but intended to remain in the city of Chicago for a period of more than 24 hours, and -
4. Phase I: Was eighteen years of age or older. Phase II did not have any age restrictions, provided that minors were unaccompanied by their parents or guardians (in which case, they were not counted separately).[4]
5. Phase II definition included as homeless, persons who had "temporary" arrangements sharing dwellings belonging to other persons.

The operational definitions used varied slightly from Phase I to Phase II. In the former, we excluded persons who had access to conventional dwellings and persons who were under 18. In Phase II, both persons who had "temporary" housing arrangements and persons under 18, unaccompanied by parents or guardians, were included.

It should also be noted that the street survey in Phase I was restricted to the dead-of-the-night hours between 1 AM and 6 AM. The rationale for this choice of hours was that these were the times that the overwhelming majority of homed persons would be home sleeping: Hence a much larger proportion of persons found out on the streets would be homeless, thereby reducing the burden of screening persons found on the streets at those times. However, this choice also reduces considerably the chances of finding homeless persons who have managed to negotiate temporary living arrangements and who were therefore somewhere sleeping in a conventional dwelling. To measure the extent to which such persons were being missed, a subset of 7 blocks were searched during early evening hours (6:30 PM to 10:30 PM) in Phase II.[5] The results indicated that few, if any, such persons were being missed in our dead of the night street searches.

The definitions of homelessness used in both Phase I and Phase II appear to exclude persons who alternate between renting hotel rooms, especially SROs, and living in shelters or on the streets and who happened to be renting such accommodations on the nights our surveys were conducted. Although we did not especially seek out such persons by sampling hotels and SROs, those persons temporarily living in such places were not completely excluded, since their counterparts who happened to be in shelters or on the streets during the periods covered by our surveys were interviewed. However, the SRO and hotel residents who managed consistently every evening to live in such places and never used a shelter or slept out on the streets or in public places, were excluded from either the shelter or street surveys.[6]

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[4] In Phase II, all children present in the shelters were counted by the shelter operators and included on the rosters used for sampling. Hence minor children accompanying their parents were covered in the enumeration of shelters in that phase.

[5] No persons intending to occupy temporary dwelling arrangements were found on those blocks searched during the early evening hours. This finding suggests that the number of homeless persons who negotiate successfully for temporary housing each evening is very small, possibly zero. See Chapter 3 for a description of an alternative approach to estimating the number of such persons.

The definition of homelessness used in this study centers on sleeping in shelters or streets and public places as places in which to sleep. To the extent that proper estimates of the size of the homeless population can be based on this definition, then our methods allow such estimation. Similarly, to the extent that this restricted definition is appropriate, then any descriptive statistics based on the content of the longer interviews are also appropriate. In any event, the reader should keep in mind that there may well be some group of persons who would be regarded as homeless under a more inclusive definition of homelessness who are missed by our survey approach because they manage to find shelter on a fairly regular basis.[7]

The Existential Meanings of Homelessness

The remainder of this chapter describes some of the salient conditions accompanying homelessness, using data derived from our two surveys. The data presented ordinarily distinguish between those interviewed in the shelter and the street surveys. The reader should bear in mind that the designation "street" includes persons who were interviewed in public places, abandoned buildings, and found sleeping in cars and trucks, as well as persons who were found literally on the streets. These data have been weighted to accurately represent the conditions to be found in the total Chicago homeless population.[8]

Where are the Homeless?

Perhaps the best introduction to the topic of what it is like to be homeless is to describe where we found the Chicago homeless to be in our two dead-of-the-night studies, as shown in Table 2.1. Overall, a little more than half (55%) were found to be in shelters on the nights of our surveys, the remainder being contacted in the various public locations shown. However, comparing the two surveys brings to light a very different pattern of location in Phase I as compared to Phase II: In the September Phase I survey, less than half (39%) were found in shelters, in contrasting to 74% in the February Phase II survey.[9]

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[6] Such ambiguous cases can be weighted by the inverses of their probabilities of being in either the shelter or the street samples and be properly counted in the universe. This weighting can be done by ascertaining the pattern of use of various sorts of sleeping arrangements. The interviews gathered the necessary information for such weighting, and such weighted estimates are presented in Chapter 3.

[7] The Annual Housing Survey, conducted in 1983 in Chicago, provided data that can form the basis for estimating the size of this component. In 1983 there were 3,155 one room units in non-transient hotels or motels, of which 2,076 were occupied by persons who had lived in the units 90 days or more and 1,079 units that were occupied by persons living there less than 90 days or were vacant. The more than 90 days occupants tended to be older persons with a median age of 63. Most (86%) are males, with incomes consisting mainly of transfer payments. As we will show later on in this and the next chapter, this population is quite different from the shelter and street homeless. Unfortunately the Annual Housing Survey contains no information on short term occupants.

[8] Our two surveys sampled larger fractions of homeless persons in shelters than of homeless persons living "on the streets". In order properly to represent the total Chicago homeless, it was necessary to weight data from the street sample more heavily. See Appendix A for the exact weights used.

Table 2.1

Place of Interview: Phase I and Phase II

Interview Location	Phase I	Phase II	Total
In shelters	39.4	73.9	55.0
In public access buildings, (bus or train station, airport, building lobby, bar, theater, etc.)	16.4	24.6	20.1
On sidewalks,streets or alleys	13.9	.8	8.0
In parks	.8	0.0	.4
In abandoned buildings	1.6	.3	1.0
Under bridges, viaducts	.8	0.0	.4
In parked cars, vans,trucks	0.0	.3	.1
Unspecified non-shelter location[a]	27.0	0.0	14.8
Unweighted N	[372]	[350]	[722]

[a] Almost entirely street sample pre-test interviews undertaken before question on location of interview was incorporated into questionnaire.

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[9] This locational patterning is not a function of the non-sample interviews. If we consider only the street interviews derived from the probability sample of blocks, the locations of respondents were as follows:

Location	Phase I	Phase II
Streets	15	2
Public Places	3	24
Other	4	2

The seasonal patterning reflects both the harshness[10] of Chicago's winters and the responsiveness of the shelter supply. Only small proportions of the homeless are found literally out on the streets in either survey, with more in the Phase I survey to be found there. Homeless persons who are not in shelters tend to be found in public access buildings -- train and bus stations, airports, lobbies and arcades -- and especially so in the dead of the winter.

The locations shown in Table 2.1 indicate that Chicago's social service agencies manage to provide heated quarters and beds for a bare majority of that city's homeless. However, it should be stressed that the shelters are far from even the modest accommodations of an inexpensive apartment or rented room, let alone luxury quarters. Many shelters, particularly those catering to homeless men, provide dormitory sleeping quarters, primitive bath and toilet facilities, and modest eating arrangements. Privacy and comfort are minimal.

For the 25% to 40% who were not in shelters when our interviewers found them, the kinds of facilities the homed take for granted are simply unavailable. Sleeping on the steps of the Greyhound bus station has nothing to recommend itself, other than being out of the very cold February climate and being sheltered from rain or snow. Those we found out on the streets typically were not sleeping but walking about or simply sitting.

The locational patterns found in the two surveys are not simply accidental arrangements that are typical only of the particular days on which the surveys were conducted. We also asked where the respondents "rested[11] or slept" over the seven days previous to the survey. In Table 2.2, the results of this inquiry are presented in two ways: Panel A presents the percentages of the last seven days' sleeping or resting times spent in each of the several alternative locations; Panel B shows the proportions of homeless persons who have spent at least one resting or sleeping period in each place over the previous seven days.

Overall, the findings of Panel A of Table 2.2 are consistent with the patterning of locations where our interviewers reached the homeless: 55% were reached in the shelters (Table 2.1) and 55% of the resting or sleeping times of the previous seven days were taken in shelters. But there are some important differences. Because in our surveys we could not reach persons who had made temporary sleeping arrangements by renting rooms, sleeping in their families' or relatives dwellings or in the dwellings of other persons, those places necessarily were omitted from Table 2.1.

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[10] The average maximum and minimum temperatures as well as the ranges during each of the two surveys are shown below.

	Average High	Average Low	Maximum High	Minimum Low
Phase I	67	47	76	34
Phase II	34	23	42	17

[11] During the pre-test for Phase I, we encountered several homeless who claimed that they never slept but simply "rested" from time to time. In writing the item soliciting information on sleeping patterns we adopted this terminology.

In Panel A of Table 2.2, however, such places can be counted. It appears that 11% of last seven days sleeping or resting periods were spent either in rented rooms (4.4%), spending the night with family or relatives (3.0%) or in other persons' dwellings (3.3%).

Table 2.2

Resting or Sleeping Places Used Over Last Seven Days

A. Percentages of Last Seven Days Resting or Sleeping Time spent in various Places

Place	Phase I[a]	Phase II[a]	Total[a]
Shelters	41.4	70.7	54.8
Streets or parks	24.2	4.0	15.0
Public places	14.7	12.9	13.9
Rented Rooms	5.4	3.3	4.4
Family or relatives	3.0	3.1	3.0
Other persons' places	3.9	2.6	3.3
Unweighted N	[372]	[350]	[722]

B. Percent of Persons Spending At Least One Night in Various Places Over Last Seven Days

Place	Phase I	Phase II	Total
Shelters	64.2	82.3	72.5
Streets or parks	44.7	9.4	28.5
Public places	32.4	23.4	28.3
Rented Rooms	13.8	9.7	11.9
Other persons' places	10.3	9.8	10.1
Family or relatives	9.6	9.5	9.5

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[a] Column does not add up to 100%. Omitted from column are proportions of last seven days spent in abandoned buildings, vehicles, and "other" places, not covered in the classification categories used.

Since about 11% of the previous seven days' sleeping times were taken in either rented rooms or some other dwelling, about 1.5% of the homeless on any given night are homed (10.7% divided by 7). In other words, the approach used in the Chicago Homeless Survey misses about 1.5% of the homeless who are temporarily housed on any one night.

This pattern of intermittent access to conventional housing also involves a fairly large proportion of the homeless, as Panel B shows: Almost one-third of the homeless spent at least one sleeping or resting period over the past seven days either in a rented room (11.9%), with family or relatives (9.5%), or with other persons (10.1%). It appears that the boundaries between being homed and being homeless were frequently crossed. Significant minority proportions of the homeless made temporary arrangements, for access to some conventional dwelling from time to time. However, it must be stressed that most of the time they spent their sleeping and rest periods either on the streets or in shelters.

It should also be noted that majorities of the homeless in either Phase I (64%) or Phase II (82%) spent some time in a shelter over the seven day period. Indeed, in either Phase the most likely single place to sleep or rest was a shelter. The major difference between the Phases was the significantly greater use of shelters in Phase II.

One of the consequences of makeshift and temporary housing arrangements was an irregular sleeping and resting pattern. Although three out of five stated that they usually slept during nighttime hours, one in three said they slept when they could either during daytime or nighttime hours, the remaining one in ten claiming to sleep only during the day.

What Did the Homeless Look Like?

Another consequence of this pattern of low or non-existent access to conventional domestic facilities, is the very poor appearance of the homeless. The interviewers were asked to rate each person interviewed on a number of criteria, including the respondent's personal appearance. Some of the ratings obtained are shown in Table 2.3, separately for persons interviewed in the shelters and on the streets.[12] Most (55%) of the homeless were found to be "neat and clean", but there were significantly large minorities who were considered "dirty and unkempt" (21%) or "shabbily dressed" (32%) or "carrying their personal belongings in packages or bags" (11%).

The overall characterization of the homeless is somewhat misleading because the shelter and street samples are so different in these respects: More than half (55%) of the street homeless were rated as being shabbily dressed, 43% were considered to be dirty and unkempt, resulting in only 28% being considered to be overall neat and clean. The corresponding ratings for persons interviewed in the shelters showed the latter to be significantly neater, less often shabby, and cleaner.

It is clear that using a shelter meant that it was easier to maintain personal cleanliness and hygiene and to have a more presentable wardrobe. But there is also some evidence, to be presented in a later chapter (Chapter 8), that being neat and clean made it easier to get admitted to a shelter.

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[12] For convenience, we refer to "street" respondents or "street sample" to designate homeless persons who were not interviewed in the shelters. Most of the non-shelter homeless were not literally interviewed "on the streets", as Table 2.1 shows. To continually refer to each of the variety of locations where we found them, we believe, would clutter up the text unnecessarily.

Table 2.3

Interviewers' Ratings of Respondent Appearances

Rating[a]	Street Sample	Shelter Sample	Total
Dirty and/or unkempt	42.9	9.7	21.4
Shabbily dressed	55.0	19.2	31.9
Carrying personal belongings	24.2	3.5	10.9
Neat and Clean	27.5	70.5	55.0

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[a] Ratings made by interviewers at the end of the interview.

How Long Homeless?

Given the patterns shown earlier of homeless persons shifting between the homeless and the homed states, it can be expected that many have been homeless for short periods of time, a reflection in a cross-section survey of considerable turnover in the homeless population. To obtain the necessary data, both homeless surveys asked when was the last time they lived in an apartment, room, or house. Interviewers were asked to obtain the month and year in question.

In Table 2.4, distributions are shown of numbers of months homeless during the current homelessness episode. The most outstanding characteristic of the data in this table is that the typical homeless person has been homeless for a relatively short period of time. Forty-six percent have been homeless for six months or less and 13% have been homeless for a month or less. Were almost any other condition under consideration, these statistics would be heartening. But, homelessness even for short periods is a serious condition that poses significant threats to safety, health and self-esteem. A three month episode of homelessness is not just a transient episode to be passed over lightly.

The second salient feature of Table 2.4 is that so many have been homeless for very long periods: 13% have been homeless for four or more years, and among these unfortunates are a 6% homeless for 10 or more years.

Clearly the distribution of the length of current homelessness is a dispersed one, as the bottom three lines of the table indicate: The average time homeless is 21.9 months, or a little less than 2 years. The median time homeless is much lower, 7.6 months. And the modal time, 2 months, is lower still. The great differences among these measures of central tendency mean that time homeless does not cluster around some typical value: There are many persons who are homeless for a short time but there are also many persons who have been homeless for many years.

For many purposes, it may be useful to distinguish among the following homeless types, classified according to the lengths of time homeless:

1. Short termers: consisting of the one in four persons who have been homeless for up to three months

2. Medium Termers: consisting of the one in two who have been homeless for four months up to two years.

3. Long termers: consisting of the one in four who have been homeless for 2 or more years.

Although all of the homeless either were short-termers at the time of interviewing or had been short termers in the past, that group is likely to contain a large proportion of persons who are temporarily in the homeless state. Their needs for social services may be quite different from either the medium termers or the long termers. Indeed, as will be shown in the next chapter (Chapter 3) most of the young women in the sample are in this category and appear to be "passing through" the homeless state in transition to some new household arrangement.

TABLE 2.4

Length of Time Currently Homeless

Months	Phase I	Phase II	Total
0 Thru 1	10.4	15.4	12.7
2 thru 3	18.4	19.4	18.9
4 thru 6	16.7	12.3	14.7
7 thru 12	13.9	14.8	14.3
13 thru 24	15.7	12.6	14.3
25 thru 48	12.0	12.3	12.1
49 thru 119	5.8	8.6	7.0
120 and over	7.1	4.6	5.9
Unweighted N	[372]	[350]	[722]
Mode (months)	4.0	1.0	2.0
Median (months)	7.9	7.3	7.6
Mean (months)	22.4	21.3	21.9

Cash Income

A major reason why persons are homeless is because their incomes are so low they cannot afford to purchase conventional housing. It is also likely that low income is a consequence of homelessness since few employers would welcome new employees whose appearances are below their employment standards and who may not be able to provide an address.

As a measure of income, we asked each person interviewed how much cash income they received in the month prior to the interview. The resulting data are shown in Table 2.5.

Table 2.5

Cash Income Received Last Month

Dollar Amount Received	Phase I	Phase II	Total
None	16.9	19.1	18.1
$1 to $50	19.7	25.0	22.5
$51 to $99	9.6	7.9	8.7
$100 to $149	4.1	8.8	6.6
$150 to $199	12.6	15.0	13.9
$200 to $299	12.6	7.7	10.0
$300 to $399	11.4	7.7	9.4
$400 to $499	6.2	2.3	4.2
$500 and over	6.8	6.5	6.6
Unweighted N	[372]	[350]	[722]
Mode	$0.00	$0.00	$0.00
Median	$130.61	$79.90	$99.85
Mean	$181.25	$156.90	$168.39

Cash income levels were appallingly low. Almost one in five (18%) had no income at all during the last month. Half had incomes below $100. And, the average monthly income was only $168. Although almost 7% claimed to have received incomes above $500, many who did so were reporting wages received from employment recently lost, or back payment of accumulated entitlement funds.

There are simply no humane standards under which most of the income levels reported can be considered adequate. There are also no standards under which the modal, median or average income levels can be considered adequate to sustain any reasonable standard of living in Chicago. The modal income was $0.00, clearly impossible to live on. The median income amounted to less than $3.33 per day, hardly enough to buy one adequate meal per day. The average income amounted to $5.61 per day, clearly insufficient for either adequate daily food or adequate shelter, and obviously inadequate to cover both food and housing.

Cash income levels were higher in the Phase I survey, as compared to Phase II. In Phase I, fewer homeless had zero income and both median and average incomes were appreciably higher. Some of these differences reflect the different opportunities available for obtaining income in the Fall season as compared to the Winter. Begging and street peddling may be easier in warmer weather with more pedestrians out on the streets and less of a physical strain on the homeless. Indeed, there is some evidence that fewer homeless received cash from such sources in Phase II (See Table 2.7).

The Chicago homeless managed to get by largely through in-kind donations of food, clothing, and shelter. As shown in Table 2.2, more than half (55%) of the previous seven days' sleeping arrangements was provided by homeless shelters and temporary housing provided by relatives and friends (6%). The rest of the time, the homeless either made use of the inadequate shelter provided by public access places (29%) or rented rooms (4%).

Table 2.6

In-Kind Basic Goods and Services Received
[Phase II Survey Only]

Goods & Services	Percent Receiving Last Month
Free meals	72.1%
Clothing	40.3%
Food Stamps	23.9%

As Table 2.6 shows, in-kind donations of meals, and clothing and participation in the food stamp program helped to supplement the inadequate income levels of the homeless. Seventy-two percent had received at least one free meal over the previous month -- one wonders why this proportion is not closer to 100%. One in four (24%) participated in the federal food stamp program.[13] And four in ten received free clothing, most likely from the shelters. In short, the Chicago homeless had to rely on social service organizations to satisfy their most basic needs.

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[13] An interesting issue is how food stamps helped out the homeless, most of whom did not have access to facilities in which to prepare food or utensils in which to cook. Of course, some food products that can be purchased need little or no pre-

Sources of Income

A check list asking whether or not the homeless received any income from a variety of sources provided information on how the homeless acquired cash income. The resulting data are shown in Table 2.7. Surprisingly, the most frequently cited source was employment: One in three (32%) claimed to have received some income the previous month from employment. Given the low levels of income reported in Table 2.5, the employment in question must have been intermittent, casual labor with accompanying very low pay rates. Slightly more that one in five (22%) received some income from general assistance, a surprisingly low level, since, as we will see

Table 2.7

Sources of Cash Income Last Month

Source	Phase I	Phase II	Total
Employment	32.2	30.7	31.6
General Assistance	21.8	22.5	22.1
Handouts	22.7	18.1	20.6
Friends	18.9	10.0	14.9
Family and Relatives	10.0	11.2	10.2
Swaps and trades	12.7	6.9	9.6
Gifts	11.4	6.9	9.4
Other sources	10.4	7.3	9.0
Supp. Security Insur.	8.6	4.6	6.8
Social Security	8.3	4.9	6.8
Disability	5.6	2.6	4.2
AFDC	5.3	7.5	6.3
Unemployment insurance	2.2	.9	1.6
Unweighted N	[372]	[350]	[722]
Number of Income Sources Reported			
Mode	1.0	1.0	1.0
Median	1.32	1.11	1.22
Mean	1.65	1.33	1.51

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paration, for example, bread, cookies and crackers, fruit, cheese and milk. Furthermore, food stamps can be converted into cash, although not legally. Finally, some of the shelters that serve family groups do provide some cooking facilities.

in the next chapter, very high proportions of the homeless were eligible for participation in this welfare program. Part of the problem stems from the fact that some of the homeless had never applied for benefits, but the larger part of the problem stems from the fact that those who had received benefits had lost them for one reason or another. (See Chapter 5 for a fuller discussion of these issues.)

Another one in five received cash in the form of handouts, mainly from public begging. It is also likely that the gifts, reported as an income source by 9% of the homeless, may also have consisted of handouts. Adding these two sources together, handouts and gifts were sources of income for about one in three of the homeless. Again, despite the prevalence of these sources, the generosity of donors did little to provide an adequate income flow.

The remaining income sources are cited by small minorities of the homeless. Friends and relatives provided gifts (respectively to 15% and 10% of the homeless). Perhaps the most telling of all are the low levels of receipt of income from pensions, disability payment programs, unemployment benefits, and AFDC. These findings have two somewhat contradictory implications: On the one hand, the findings indicate the extent to which the homeless were overlooked by these major income maintenance programs. The homeless caught in our survey may not have known about the programs, were discouraged from applying by the administering agencies, or were judged ineligible. On the other hand, receiving benefits under these programs may have provided sufficient income to take many recipients out of the homeless group. Hence the homeless in our survey may simply have been those who were unable to qualify for income support programs and to maintain their eligibility for long periods of time.

Employment

Despite the fact that jobs are a frequent source of income for the homeless, their employment histories show that they had not held any but intermittent jobs for long periods of time. Asked when they last held down a "steady job" for more than three months, most of the homeless have not held such jobs since more than several years ago. Table 2.8 shows that the average number of months elapsing since the homeless last held such jobs is 55, or about 4.5 years. The median number of elapsed months (40) is not much different, indicating that half have been without steady employment for up to 3.3 years and half more than that time. Finally, it should be noted that the modal length of time elapsed since leaving their last steady jobs is 120 months or 10 years, with one in five homeless having held their last steady job 10 or more years ago.

Note that these numbers are quite different from the data presented earlier on lengths of time currently homeless. The homeless have been without steady employment for much longer periods of time than they have been homeless. The median time homeless was 7.6 months, in contrast to the median of 40 months passed since their last steady employment. In short, the homeless have lived on inadequate personal incomes literally for years before becoming homeless. Unfortunately, we did not gather any information on how they managed to remain homed for the years of being unemployed. We can only speculate that they managed to do so mainly through the generosity of family and perhaps friends, supplemented by casual employment that did not qualify as a "steady job". But, apparently such generosity has limits, and the long term unemployed eventually found themselves without access to a dwelling.

Table 2.8

Number of Months Since Last Steady Job

Number of Months	Phase I	Phase II	Total
Under 2 months	6.3	5.3	5.9
2 to 3	3.0	4.4	3.7
4 to 6	4.5	8.5	6.4
7 to 12	8.3	7.7	8.0
13 to 24	11.7	13.9	12.7
25 to 48	15.9	15.9	15.9
49 to 119	28.3	21.8	25.3
120 and over	21.9	22.4	22.2
Mode (months)	120.0	120.0	120.0
Median (months)	49.4	35.3	40.0
Mean (months)	56.4	53.1	54.9

Institutionalization Experiences

Being homeless may be traumatic and unpleasant enough, but homelessness is not the only unpleasant event this group has experienced. Significant proportions have been in jail or prison, others have been the victims of drug and alcohol abuse, and still others have had one or more episodes as patients in mental hospitals. The relevant data are shown in Table 2.9.

One in three have been in detoxification units for alcohol or drug abuse, indicating that at least this proportion have suffered from that affliction. Unfortunately, we did not collect information on current levels of drug or alcohol abuse, but the detoxification instances were frequent enough to infer very high current levels.

One in four (23%) have had at least one episode of mental hospitalization. In a later chapter we will provide more information on current levels of mental illness that will show very high levels of depression and indications of bizarre and unusual behavior.

The Chicago homeless have also been in trouble frequently with the criminal justice system. Forty-one percent have spent some time in a city or county jail, presumably serving time for some minor infraction or awaiting indictment on a felony offence. Twenty-eight percent have been sentenced by a court and then given probation, typical treatments for first offence convictions for all but the most serious offenses. Finally, 16.5% have served sentences in a Federal or state prison following conviction on a felony offense. Since in most states prison sentences are rarely given for first offenses, these sentences most likely represent just one in a series of felony convictions.

Table 2.9

Institutionalization Experiences of the Homeless

A. Proportions Experiencing Selected Institutionalizations

Institutionalization	Percent
Been in detoxification unit for alcohol or drug abuse	33.2%
Served sentence in State or Federal Prison	16.5%
Served sentence in City or County Jail	40.6%
Given probation by a Court	28.3%
Been in Mental Hospital	23.1%

B. Distribution of Multiple Institutionalizations

Number of Different Institutionalizations	%
0	34.2
1	27.4
2	14.5
3	13.1
4	9.1
5	1.7

Mode	0
Median	1.1
Mean	1.4

The overlap among types of institutionalization is given In the lower panel (B) of Table 2.9. One in three (34%) have experienced none; Another one in four have had only one institutionalization and, almost four in ten (38%) have had more than one experience, the most frequent combination being a jail sentence and probation. Note that this overlap measure counts just once all instances of a particular type of institutionalization: Thus a person who has been in prison several times is counted as having an instance of that event. For many of the homeless, several episodes of mental hospitalization have been experiences as well as several prison terms, etc.

These data provide some clues to why some of the homeless are in that condition. There are significant proportions showing signs of disabilities arising out of substance abuse or chronic illness (and possibly both). Another large proportion have been in trouble with the law and suffer from the restrictions on opportunities that follow on felony convictions. In addition, these are clues to why their families and friends have seemingly turned away from them and why they are family-less.

Homogeneity and Heterogeneity Among Chicago Homeless Persons

The Chicago homeless shared many characteristics in common, mainly extremely low levels of income, inadequate levels of participation in income maintenance programs, and, most of all, no access to conventional dwellings. There was also considerable heterogeneity among the homeless: Some were apparently only short term homeless, managing within a few months to negotiate the wherewithal to become homed, and others had been in the homeless state for years. Some had had unfortunate experiences with substance abuse, mental illness, or been convicted of crimes; but others had not had any of these experiences. Others among the homeless had not experienced any of these problems. Fully to understand homelessness requires an appreciation of the degree of heterogeneity displayed by this group. Later Chapters in this report explore this heterogeneity in greater detail.

CHAPTER 3

The Matter of Numbers

Ordinarily when some question arises about the American population and its characteristics, it is enough to consult the statistical reports of the Bureau of the Census to obtain numbers that virtually everyone would accept as definitive. Other statistical series constructed by federal agencies also play much the same role in other issues concerning American society. On policy issues, the role played by our country's statistical reporting system is often crucial, especially in specifying the dimensions of some problem.

The statistical reporting system of our federal government is acknowledged to be among the best in the world, providing precise, empirically based, rational estimates of a wide variety of phenomena. Historically, many issues of "fact" which had been once a matter of considerable controversy, (for example, the unemployment rate), were no longer issues over which rancorous conflict developed when federal agencies developed appropriate instruments measuring the "facts" in question and began publishing statistical reports. To be sure, there was still plenty of room for disagreement over whether a given level of unemployment was acceptable or not, but disagreement over whether the unemployment rate was, say, 5% or 10% abated.

Of course, there is no magical pacifying quality to any of the federal statistical series. However, the existence of a well designed measuring instrument used in a professional manner by organizations relatively insulated from political partisanship did tend to remove some questions of fact from the realm of controversy. Nor do these statements mean that the federal statistical series are above criticism. Technical controversies arise continually over definitions and data collection procedures. For example, a current issue is how to factor into the money supply measures, the variety of new kinds of bank accounts that have appeared since the deregulation of the banking industry.

In the absence of any definitive measurement of the extent and dimensions of homelessness, an issue generating considerable rancor and conflict has arisen around the question of how many homeless persons there are in the United States or any local jurisdiction. For reasons discussed in Chapter 1, the existing federal statistical series is inadequate for providing any clues as to the size of the homeless population. Our federal Census counts Americans largely at their places of residence, an approach that overlooks most, if not all, homeless persons.[1] Nor do the states and local communities provide reasonable empirically based estimates for their jurisdictions. Although there have been several special studies of the homeless in particular cities (see Appendix A for a review of previous attempts to measure the sizes and compositions of homeless populations), none have achieved widespread acceptance as definitive.

The consequence is that the issue of how many homeless there are in the United States or in any local jurisdiction is a matter about which there is considerable controversy. To be sure, no one asserts that there are no homeless in America. But there are several groups who claim that there are as many as two or three million homeless in the United States. A recent Housing and Urban Development Report (HUD) presented a variety of national estimates, mostly compilations of local estimates, that ranged from a low of 250,000 to 500,000. The HUD report was roundly criticized, mostly for estimates which were believed to be too low. To be sure, the report had many technical vulnerabilities, not the least of which being the undocumented worth of the local estimates that were compiled to form national totals.

The Issue of Size

Why is the total size of the homeless population a matter of importance? Does it diminish the seriousness of the plight of the homeless if there are, say, 250,000 nationwide, as compared to 2.5 millions? The answer to this question depends on what can be reasonably considered an acceptable national level of homelessness. If the acceptable level is set at close to zero, then either estimate is as serious as the other. However, since we cannot expect any social problem to disappear entirely, acceptable levels are most likely non-zero, but certainly unlikely to be as large as any of the current low estimates.[2] In other words, homelessness is still a serious problem whether it afflicts 250,000 or 2.5 million people.

The size of the homeless population does make a difference when it comes to the allocation of funds and resources to alleviate the problem. The higher the number of homeless, the more funds and other resources will be needed. Hence precise estimates are needed for welfare planning purposes.

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[1] The US Census Bureau has "experimented" with approaches to the enumeration of "casual" populations, apparently out of a desire to fill this obvious gap in their population counts. Up to this point, nothing has been published about the degree to which such experiments have been successful or even how they were conducted. See Appendix A for an account of the variety of approaches that have been used to enumerate homeless persons.

[2] One way of looking at the problem of defining an acceptable level is to consider that it would always take at least a few days to arrange for acceptance into any program. Some newly homeless persons who would be in the application process. Hence there would always be a pool of persons who were temporarily homeless, the size of that pool depending on the rate at which persons become destitute and the average time consumed by the application process. In addition, there may also be a pool of homeless persons who for one or another reason are unable or unwilling to apply for benefits. For example, there may be some who would actually prefer the accommodations provided in a shelter to rented rooms in a cheap hotel.

Size may also matter as far as the political process is concerned. A major issue in the Great Depression was the size of the nation's unemployed because, rightly or wrongly, size was thought to affect the priority to be given to the unemployment problem. Similarly today with homelessness: The groups and persons concerned with homelessness tend to endorse larger estimates, perhaps in the hope of strengthening their bid for public attention, while those who oppose any extension of the welfare state tend to downgrade the size of the homeless, thereby diminishing the perceived seriousness of homelessness in the country.

It is unfortunate that the issue of how many homeless there may be in America has been connected with the issue of how serious the problem of homelessness is. At any size level significantly greater than zero, homelessness is a serious problem: It scarcely matters whether the homeless number 250,000 or 2,500,000; Either size level would be unacceptable to a society that prides itself on trying to provide a decent minimum standard of living for all its citizens.

The Several Meanings of Size

In the measurement of some aspect of a human population, it is useful to distinguish between dynamic and static features. A dynamic characteristic is one that affects members of the population for limited periods of time, while a static characteristic is one that is a fixed and constant feature of each individual for extended periods of time. For example, gender is a static characteristic of humans, being almost invariably fixed and constant over an individual's lifetime. In contrast, the commission of a crime is a very transient episode in the lifetime of even the most hardened recidivist

The measurement of the size or amount of any dynamic or changing characteristic of a human population can be approached in several ways. In epidemiology a fundamental distinction is made between incidence and prevalence measures. The incidence of a phenomenon, say streptococcus infections of the throat, is measured by the number of new cases of the infection occurring over a period of time. In contrast, the prevalence of a phenomenon is measured by the number of cases ever existing in a period of time, a combination of cases existing at the beginning of the period and of new cases occurring during that period.

Highly dynamic, transitory phenomena are usually described by incidence rates. Thus, the annual burglary crime rate for Massachusetts is almost invariably measured by the number of home burglary incidents reported in that jurisdiction per 100,000 households. In contrast, a more static characteristic such as incapacitating physical disabilities is commonly measured by prevalence rates, for example, as the number of persons disabled for any period of time over some base period, usually a year.

However, it is not clear what is the best approach for the measurement of phenomena such as homelessness, that affect individuals for varying periods of time. As was shown in Chapter 2, Chicago homeless vary widely in the amount of time that each has been homeless. For some, homelessness has been a chronic condition that has persisted for a number of years, while others have been homeless for only a few months. The mixture is such that neither incidence nor prevalence measures fully capture the essential features of this phenomenon. For these reasons we will calculate both incidence and prevalence estimates for the Chicago homeless population.

Another measurement difficulty has been discussed in some detail in the previous chapter. Homelessness is not a condition that is clearly distinguishable in all cases from the homed state. Indeed, there appears to be a large gray area consisting of persons who are temporarily homed and who are continuously at risk of becoming chronically homeless. Correspondingly, there are persons homeless at a particular point in time who are continuously "at risk" of becoming homed and who from time to time find themselves temporarily able to afford the rental of a conventional dwelling or find persons willing to share their dwellings with them.

As discussed in Chapter 2, primarily logistic reasons primarily precluded the precise estimation of the gray area between the clearly homed and the chronic homeless. However, we will present whatever evidence we have acquired about the range of numbers of persons in this borderland. Readers may supplement our sample based estimates with their own corrections for the sizes of the "gray area" homeless.

The Definition of Homelessness As Used in the Chicago Homeless Surveys

Chapter 2 contains an extensive discussion of the definitional issues that surface in the study of homelessness. The reader is referred to that source for a detailed discussion of the rationale for the definition used.

As a handy reminder, we repeat below the definition of homelessness used in the Phase I and Phase II Chicago Homeless Surveys:

> A homeless person on a survey night was someone who:--
>
> 1. Was resident in a Chicago shelter provided primarily for homeless persons, or --
>
> 2. Was on the Chicago streets, in public places, or in places that can be reached without destroying property between the hours of 1 AM and 6 AM and who currently did not own or rent a dwelling nor was currently a regular member of a household that rented or owned a dwelling, and --
>
> 3. Was not a transient but intended to remain in the city of Chicago for a period of more than 24 hours, and --
>
> 4. Phase I: Was eighteen years of age or older. Phase II did not have any age restrictions, provided that minors were unaccompanied by their parents or guardians (in which case, they were not counted separately).
>
> 5. Phase II definition included as homeless, persons who had "temporary" arrangements sharing dwellings belonging to other persons.

6. Children accompanying their parent(s) or guardians are not taken into account in the estimates presented in this section. Separate counts of these dependent children will be presented in a later section of this chapter.

Point Prevalence Estimates of Homelessness

Our two-pronged survey -- samples of shelter residents and street dwellers--- was designed to provide unbiased estimates of the number of persons in the shelters and on the streets (and other public access places) of Chicago. In each of the shelters surveyed, NORC interviewers obtained from the shelter operator a count of persons who were staying at that shelter during the reference period.[3] All persons on the shelter rosters were defined as homeless. The total number of persons staying at all of the shelters provides an estimate of the average number of persons residing in shelters (and therefore homeless) in the city of Chicago.[4] Of course, these estimates pertain directly only to the time periods of each of the two surveys.

The street surveys counted all persons present on the streets at the time of the survey, screening as many persons as possible to determine whether or not each was homeless. Since the blocks chosen for sweeping were randomly selected within strata, the numbers of persons screened and found to be homeless on the street can be projected to provide point prevalence estimates of the street homeless.

The resulting estimates[5] are "point prevalence estimates": Estimates of the

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[3] The reference period was either the night previous to the survey or the night of the day of the survey. If access to the shelter was permitted during the early morning hours, the reference period was the previous night, with respondents selected from the group of previous night's residents. If access was granted in the evening, then the reference period was the night of that day, with respondents being selected from among those who had signed up for the night in question.

[4] Since all of the larger shelters were included in the Phase I survey, and a one in three sample of the smaller shelters was taken, amounting to 22 of the 28 eligible shelters in Chicago, this count comes close to a census of the total shelter population. The Phase II shelter sample also came close to sampling all the Chicago shelters. (See Table 1.1 for details.)

[5] There are several features of these estimates that warrant special comment:

1. Time reference: These estimates are of the population homeless at a particular point in time, either the two week period between September 22nd and October 4th, 1985, or the two week period spanning February 22nd and March 7th, 1986. The estimates are of the daily average number of persons homeless during those periods.

2. Sampling Variation: Because our shelter sample covered a very large proportion of all the shelters operating during the weeks of the surveys, our estimates of the average daily sheltered homeless have

nightly average numbers of persons homeless during the survey periods covered by Phase I and Phase II. Phase I estimates are shown in Panel A of Table 3.1, covering the two week period between September 25th and October 4th, 1985. The estimated nightly average homeless in Chicago for that period was 2,344, with a standard error of 735. Approximately two thirds of similarly designed samples would produce estimates that range between 1,609 and 3,079, as shown in bottom line of Panel A.[6] In other words, it is a good bet that the "real" average daily number of persons homeless in Chicago during the survey period was between 1,609 and 3,079.[7]

The estimated Phase I total homeless in Chicago is composed of two components:

1) The Phase I shelter residents: 961 persons, with a standard error of 13.

2) The Phase I street homeless: 1,383 persons, with a standard error of 735.

Clearly, the resulting point prevalence estimates are not very precise. Nevertheless, these estimates at least allow one to put limits on the size of the homeless for the time period of the survey. It is virtually a sure bet that in the survey weeks covered by Phase I, the average daily Chicago homeless population was no larger than 4,000 and no less than 1,000. Furthermore, it is very likely that the population size is between 1,600 and 3,100.

The estimates derived from Phase II are reported In Panel B of Table 3.1. Overall, Phase II estimates are 2,020, with a standard error of 275. Using the confidence limits of plus or minus 1 standard error yields a range between 1,745 and 2,295. Although these estimates are lower than those of Phase I, the differences between the phases are not statistically significant. In other words, the

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a very small standard error. In contrast, the standard errors for the street samples are very large, contributing almost all of the sampling variation of the estimates of the total homeless. These large standard errors are primarily functions of the heterogeneity found in the number of homeless persons per block, and secondarily of the size of the sample of blocks.

3. Conservatism: There are a variety of ways that our survey findings may be used to generate estimates of the homeless population. The procedures used were chosen as the most conservative among alternatives. That is, the procedures used involved the simplest assumptions. The consequence of conservatism in this case was to produce estimates with larger standard errors.

[6] Two-thirds of similarly designed samples would be expected to yield estimates within the range circumscribed by plus or minus one standard error.

[7] A more conservative wager would be to consider the range to be expected from 95% of samples of the same sort, namely 903 and 3,785. Whether one takes the less or more conservative viewpoint, it is clear that the average daily number of homeless is not more than 4,000 nor less than 1,000.

Table 3.1

Phase I and Phase II Point Prevalence Estimates of the Chicago Homeless Population

Point Prevalence Estimates = Average Daily Number of Persons Homeless During the Relevant Survey Period

A. Phase I Estimates: (September 22 - October 4, 1985)

Survey Component	Estimate	Standard Error
Shelter residents ------------------	961	±13
On streets or in public places ------	1383	±735
Total Homeless -----------------	2344	±735

Range ± 1 Stand. Error = 1609 - 3079

B. Phase II Estimates: (February 22 - March 7, 1986)

Survey Component	Estimate	Standard Error
Shelter residents ------------------	1492	±55
On streets or in public places ------	528	±269
Total Homeless ------------------	2020	±275

Range ± 1 Stand. Error = 1745 - 2,295

homeless population of Chicago was roughly stationary in the six months that intervened between Phase I and Phase II, with about the same numbers of homeless estimated in each survey.

Note that the larger sample size utilized in Phase II has produced the desired result of lowering the standard error and hence enhancing the precision of the Phase II estimates. The reader is also reminded that the definition of homelessness employed in the Phase II survey was more inclusive, embracing all ages (as opposed to the 18 years of age lower limit used in Phase I) and also accepting as homeless any persons who were temporarily homed.[8]

There are quite marked differences between Phase I and Phase II in the sizes of the two components of the Chicago homeless population. In Phase I, there were an estimated 1.44 persons "on the streets" for every person in a shelter: In contrast, in Phase II the ratio was .35. The Phase II shelter estimate was 1,492 in contrast to the Phase I estimate of 961. Corresponding shifts in the opposite direction took place in the "on the streets" estimates, 528 in Phase II and 1,383 in Phase I.

Clearly the seasonal differences in the total size of Chicago's homeless population were not very great, but the distribution of the homeless was affected strongly. In Phase II, 74% of the homeless were found in shelters, in contrast to 41% in such locations in Phase I. Furthermore, as was shown in Table 2.1, there was also a seasonal response to location within the group out on the street. In the milder weather of Phase I, about one fourth of the street homeless were found literally on the streets; In Phase II, buildings to which the public has access -- such as bus and train stations -- were more likely locations for the street homeless.

Obviously the main reason for the seasonal shift in the distribution of the homeless locations is the very understandable desire to avoid the harsh discomfort of being outdoors in a Chicago winter. Facilitating that shift was the flexibility of Chicago's shelters whose collective bed capacity was increased to accommodate more of the homeless.[9] Indeed, the Phase II shelter bed capacity (2,001) is almost sufficient to accommodate all of the Chicago homeless (2,020), raising the interesting issue of why more of the homeless did not use the shelters (an issue which we will pursue in Chapter 8.)

Annual Incidence Estimates

The homeless persons we interviewed were asked how long they have been homeless. Hence we can also make several other estimates that are of interest.

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[8] Neither of these changes influenced the size estimates by any appreciable amounts. All told, two persons were found (in the shelter sample) to be less than 18 and one person was found to be temporarily housed. The addition of these three persons did not affect the estimates appreciably.

[9] The Phase I shelter bed capacity was 1,573 and in Phase II, 2,001, the increased bed capacity being provided by the opening of additional shelters and the expansion of the capacities of existing shelters. In addition, the shelters operated closer to capacity in Phase II (75% occupied) as compared to Phase I (61% occupied).

Table 3.2 presents estimates of annual incidence, or how many persons enter the homeless state during a year. In order to make these estimates we have to adopt some simplifying assumptions. First, we have to assume that the homeless population is stationary, remaining about the same size over a year's time, a quite reasonable assumption given the point prevalence estimates shown in Table 3.1. Second, we have to assume that persons become homeless only once during a year's time. This is a rather weak assumption, since it is quite likely that some homeless are intermittently so during a year's time. The effect of adopting this simplifying assumption is to diminish the annual incidence estimate.

The incidence estimates shown in Table 3.2 were computed by extrapolating to the entire year the proportion of persons in our sample who entered the homeless state during the month previous to the interview.[10] Two annual incidence estimates are presented for each phase, each based on slightly different data sets. A "conservative" (or Alpha method) estimate was computed by using only homeless cases obtained in interviews with homeless persons in the sample, and excluding non-sample cases.[11] A "liberal" (or Beta method) estimate used information from both sample and non-sample cases.

The annual incidence estimates for Phase I are shown in Panel A of Table 3.2. The "conservative" Alpha Phase I annual incidence estimate is of 5,907 newly homeless persons per year, with a very large standard error of 1,852. The "liberal" Beta annual incidence estimate is considerably lower, 2,953 with a smaller standard error of 926.[12]

The annual incidence estimates for Phase II are shown in Panel B of Table 3.2. In Phase II, the "conservative" Alpha and "liberal" Beta estimates are quite close to each other, respectively 3,719 and 3,752, with very similar standard errors, 475 and 479. It should also be noted that the Phase II annual incidence estimates are close to the Phase I "liberal" estimates.

Overall, it appears that the annual incidence rates for the Chicago homeless mean that between 3,000 and 3,800 persons become newly homeless in Chicago each year. (We can disregard the much higher "conservative" Phase I estimate because of its very large standard error.)

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[10] For example, the Phase I estimates were computed as follows: Since 21% of the Phase I sample entered the homeless state the month before the interview, there are .21 x 12 (months) x 2,344 (homeless) or 5,907 new homeless each year. Note that the standard error was derived in the same way.

[11] The term "conservative" is used here in the technical sense of a method that is based on the least number of assumptions. The "liberal" method is one that assumes that non-sample cases are valid sources of information, constituting a "liberal" use of data. (See Chapter 1, Table 1.5, for an explanation of the distinction between sample and non-sample cases.)

[12] The considerably smaller standard error for the "liberal" estimate is due to the fact that the small number of sample street homeless in Phase I had quite varying amounts of time currently homeless. Adding the non-sample cases, as in the "liberal" estimate, tended to stabilize the average amount of time homeless among street homeless and hence had the effect of reducing the standard error of the "liberal" estimate.

Table 3.2

Phase I and Phase II Annual Incidence Estimates

Annual Incidence = Number of newly homeless persons per year

	Estimate	Standard Error
A. Phase I Annual Incidence Estimates[a]		
Method Alpha[b] (Conservative) -----	5907	±1852
Method Beta[c] (Liberal) -----------	2953	±926
B. Phase II Annual Incidence Estimates[a]		
Method Alpha[b] (Conservative) -----	3719	±475
Method Beta[c] (Liberal) -----------	3752	±479

[a] Annual incidence estimates were made using data on reported lengths of time currently homeless obtained in interviews. Theses estimates assume that the population is stationary and that there are no multiple entries into the homeless state during a year.

[b] Estimates made using only data obtained from street and shelter sample cases,

[c] Estimates made using all data, including pretests and extra-sample interviews.

Annual Prevalence Estimates

In Table 3.3, Phase I and Phase II estimates are presented of the total number of persons in Chicago who are homeless for any time over the period of a year. These estimates are also based on data from our homeless interviews on when each person entered the state of homelessness and employ the same simplifying (and reasonable) assumption of a stationary homeless population.[13]

The Phase I and Phase II "conservative" Alpha annual prevalence estimates appear to be far apart, respectively 6,962 and 5,051 with corresponding standard errors of 1,881 and 505. However, when we take into account the very large standard error for Phase I, the 1,911 difference between the two estimates is within the expected sampling error.

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[13] Our interview data provides the proportion of persons who have been homeless for more than a year. Assuming a stationary population allows the computation of the numbers of persons who were homeless at some time during a year but who left the state of homelessness prior to the time of the interview.

Table 3.3

Phase I and Phase II Annual Prevalence Estimates

Annual Prevalence Estimates = Number of Persons ever Homeless in a year.

	Estimate	Standard Error
A. Phase I Annual Prevalence Estimates[a]		
Method Alpha[b] (Conservative)	6962	±1881
Method Beta[c] (Liberal)	4624	±1064
B. Phase II Annual Prevalence Estimates[a]		
Method Alpha[b] (Conservative)	5051	±505
Method Beta[c] (Liberal)	5147	±511

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[a] Annual prevalence estimates were made using data on reported lengths of time currently homeless obtained in interviews. Theses estimates assume that the population is stationary and that there are no multiple entries into the homeless state during a year.

[b] Estimates made using only data obtained from street and shelter sample cases,

[c] Estimates made using all data, including pretests and extra-sample interviews.

In contrast, the Phase I and Phase II "liberal" Beta annual prevalence estimates are closer to each other, 4,624 for Phase I and 5,147 for Phase II, with corresponding standard errors of 1,064 and 511. The difference between the two "liberal" estimates, 523, is well within expected sampling variation.

Since three out of the four estimates produce annual prevalence rates of about 5,000, we can reasonably assume that somewhere between 4,000 and 6,000 persons were homeless in the city of Chicago over a year's time. This means that about two-tenths of one percent (0.23%) of Chicago's adult population was afflicted by homelessness annually.

Estimates of Other Homeless Persons

The estimates given so far are of homeless persons who fall within the limits of the operational definitions used in our study. Of course, there are other homeless persons who fell outside the boundaries of our definition, either because they were excluded entirely, or because they were temporarily neither in the shelters nor out on the streets nor in public places. In this section we will provide some estimates of those homeless not caught within our main street and shelter samples.

The reader is cautioned that some of the estimates to be provided in this section rest on reasonable but unproven assumptions. To the extent that those assumptions are correct, the estimates are credible. However, it should be recognized that some of the assumptions postulated may not be upheld were we to know more about the homeless.

Homeless Dependent Children

Although the operational definition of homelessness used in both Phase I and Phase II surveys excluded homeless children accompanying one or both parents, both surveys counted such children when present. No children were found in the street samples of either Phase I or Phase II, either accompanying their parents or by themselves. In both Phase I and II samples, we asked each person interviewed how many children accompanied them. In addition, in Phase II, we asked the shelter operators to enumerate all persons -- adults and children -- present in the shelters on the survey night, identifying the children as such.

The resulting estimates of homeless dependent children are shown in Table 3.4. The Phase I estimates, based on parents' reports of children present, was 258 with an associated standard error of 50. The Phase II estimates based on shelter operators' enumerations[14], was 287 with a standard error of 32. The difference between the two estimates, 29, is not statistically significant. For all practical purposes, the number of homeless dependent children was about the same in both surveys.[15]

Taking the lowest estimate minus its standard error and the highest estimate plus its standard error yields a generous measure of the range of possible estimates: The low end of the range was 208 and the high end, 319. There were roughly between 210 and 320 homeless dependent children in Chicago during the survey periods, all of whom were present in shelters, usually accompanying their mothers.

Note that these estimates involve no more assumptions than are involved in the general sampling design of the two surveys. Hence they may be regarded as quite definitive.

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[14] Although we asked shelter operators to do a similar enumeration of children in the Phase I shelter survey, children were not identified consistently on the resulting rosters. Hence it was our judgment that we could not use the shelter children counts for Phase I estimates.

[15] In Phase II, we also asked respondents whether they were accompanied by any of their children and, if so, how many. These data provided an alternative method of estimating the number of homeless persons that was identical to the method used in the Phase I survey. The resulting estimate, 341 with an associated standard error of 66, is also not statistically significantly different from either the Phase I or Phase II estimates shown in Table 3.4.

Table 3.4

Estimates of Homeless Dependent[a] Children

	Estimate	Standard Error
Phase I: Children In Shelters with Parents[b]	258	± 50
Phase II: Children in Shelters with Parents[c]	287	± 32
Phase I and II: Children on Street with Parents	0[d]	0[d]

---

[a] Defined as any children under the age of 18 accompanying parents. Note that unaccompanied children of any age were counted in Phase II estimates. Only 2 such unaccompanied persons under 18 were found in Phase II. These two persons are included in the estimates shown in Table 3.1

[b] As reported by parents in shelter interviews.

[c] From counts of children in shelters obtained from shelter operators.

[d] In neither Phase I or Phase II were any children directly counted or reported by adults as accompanying them.

The Temporarily Homed

An important issue raised by several criticisms of our definition is that it misses entirely persons who are ordinarily homeless but who for one reason or another were temporarily housed either in rented rooms or in the conventional dwellings of other persons. In Phase II, we attempted to extend the definition to include such persons, but success in counting them depended largely on whether or not the temporarily housed persons were available on the streets. Clearly persons who had arranged temporary resting places before our interviewers conducted their street searches were missed.

Fortunately, the interviews with homeless persons provided data upon which estimates of the temporarily homed could be constructed. Each homeless person interviewed was asked how many nights out of the seven previous to the interview (see Chapter 2 and Chapter 4 for fuller discussion of these data) he or she had spent in rented rooms, in the homes of family or relatives, and in the homes of other persons. These data can be used as the basis for estimates[16] of the average numbers of persons to be found in such places. The only assumption needed to make such calculations is that those interviewed have the same probability of being temporarily homed as those who were temporarily homed when our surveys were undertaken.[17]

Table 3.5

Estimates of Homeless Persons in Temporary Arrangements in Conventional Dwellings

Temporary Arrangement	Estimate	Standard Error
A. Phase I Estimates		
In rented rooms	22	±10
With Parents or other relatives	12	±6
With Other Persons	16	±7
Total In Temporary Arrangements	50	±14
B. Phase II Estimates		
In rented rooms	13	±2
With parents or other relatives	11	±2
With other persons	9	±2
Total in Temporary Arrangements	33	±3

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[16] The estimates were calculated in the following way: Using data from the interviews, the probability of any homeless person being in, say, a rented room on any given night over the previous seven nights was computed. This probability multiplied by the point prevalence estimate of the total homeless population then yielded an estimate of the expected number of persons using rented rooms on an average night during the survey period.

[17] If persons who used, say, rented rooms on any night were markedly more likely to use rented rooms on any other night than other homeless persons, then the estimates are biased downward. However, the analyses presented in Chapter 8 suggest that this is not the case: That is, there appear to be no recognizable subgroups that have especially high probabilities of using rented rooms or other persons' accommodations.

The calculated estimates are shown in Table 3.5. Based on Phase I data, approximately 50 persons were temporarily homed (and hence were not counted). The Phase II estimates are slightly lower, 33. Note that most of the difference between Phase I and Phase II is accounted for by the less frequent use of rented rooms in the latter survey, perhaps reflecting the lower cash income of the homeless in the winter period when opportunities to earn money were apparently less. There was also a downward shift from Phase I to Phase II in the numbers of persons estimated to be temporarily homed in other persons' domiciles. It may also have been the case that the harsher weather of Phase II made such negotiations more difficult, especially when conducted out on the street or in other public places.

Estimates of Institutionalized Homeless Persons

Homeless persons may not be counted in either the street or shelter surveys because they are institutionalized in general hospitals, mental hospitals, prisons, or jails. Estimating the numbers of such institutionalized homeless is particularly hazardous because those institutionalizations may also be the causes of subsequent homelessness. That is, homeless persons may be hospitalized and then return to homelessness after discharge, but also homed persons may become homeless as the consequences of the conditions which led to hospitalizations.

Perhaps the best approach to estimating the institutionalized homeless would be to conduct sample surveys within such institutions, screening either records or persons to determine whether each person sampled was homeless. There are many obstacles to such an approach, the most serious of which is the understandable reluctance of the institutions to permit such research.[18] In addition, the estimated costs of such surveys put them considerably beyond the reach of available funds. For these reasons, it was not possible to obtain direct estimates. As a consequence we were forced to use data obtained in the two surveys.

Given the information available in the Chicago Homeless Study, estimating the institutionalized homeless is fraught with many pitfalls. The main information available consists of reports from the homeless themselves on their past experiences with each of the institutions in question. Questionnaire items asked about imprisonments and hospitalizations experienced by each homeless person interviewed, sometimes within a bounded time period and sometimes going back over entire lifetimes.

We will give the details of how we estimated the number of homeless persons in mental hospitals to illustrate the general approach used in constructing all of the estimates shown in Table 3.6. The basic data used in estimating the number of homeless persons in mental hospitals was obtained in a series of questions asking whether the respondent had even been hospitalized in a mental institution and what was the date of his or her last discharge. Using the latter information we were easily able to obtain the proportion of homeless persons who were discharged from mental hospitals, on the average, over a month's period of time. This proportion times the estimated total number of homeless persons in Chicago[19] yielded the number of persons discharged on the average each month. (See Panel A of Table 3.6.) Reasoning that the average stay in a mental hospital was 3 months and hence that there were three times as many homeless persons in mental hospitals as were

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[18] The norms governing access to medical patients and their records are especially strict. For example, it took several weeks of negotiations to obtain permission to screen persons in the waiting room of the emergency services of Chicago's largest general hospital. Nor was it possible to obtain from any source, estimates of the average nightly occupancy of Chicago's hospitals. The jails were equally uncooperative, claiming to be unable to provide average nightly occupancy estimates.

Table 3.6

Estimates of Institutionalized Homeless Persons

A. Estimating Homeless Persons in Mental Hospitals	
1. Estimated Monthly discharges of Homeless Person	= 15
2. Estimated Number of Homeless Persons in Mental Hospitals (assuming average 3 month stay)	= 45
B. Estimating Homeless Persons In Jail	
1. Estimated Monthly Discharges of homeless Persons	= 6
2. Estimated Number of Homeless Persons in Jail (assuming average stay of 2 months)	= 12
C. Estimating Homeless Persons in Hospital	
1. Estimated Monthly Discharges of Homeless persons	= 21
2. Estimated Number of Homeless Persons in Hospitals (assuming average stay of one week)	= 5
D. Estimating Homeless Persons in Prison	
1. Estimated Monthly Discharges of Homeless Persons	= 1
2. Estimated Number of Homeless Persons in Prisons (assuming average stay of 18 months)	= 18
Estimated total number of institutionalized homeless persons ------------------------------	80

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[19] To simplify matters, we used 2,000 Chicago homeless in these calculations.

discharged each month, yielded an estimate of the average number of homeless persons in mental hospitals. This estimate, 45, is really an estimate of the monthly average prevalence of homeless mental hospitalizations and should be appropriately scaled down to refer to an average daily count. However, given the uncertainties surrounding each of the elementary observations and assumptions involved, it seemed sensible not to scale the estimates down to the daily level. In short, the estimate of 45 homeless persons in mental hospitals is a conservative estimate that errs, if at all, on the generous side.

Similar lines of reasoning lie behind the estimates of homeless persons in jail (See Panel B), homeless persons in general hospitals (See Panel C), and homeless persons in prison (See Panel D).[20] Among the institutionalized homeless, those in mental hospitals constitute the largest number, 45. Smallest in size were the number of persons in general hospitals, 5. All told, the institutionalized homeless were estimated at 80.

It should be recalled that each of the components of the institutionalized homeless were estimated generously, using assumptions that tended to over-estimate the numbers in question. Despite this generosity, the total of the homeless institutionalized at any one point in time is small. Clearly, 80 persons is only about 4% of the total homeless estimated from our sample and undoubtedly an even smaller proportion of the total institutionalized Chicago population.[21]

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[20] The estimates of homeless persons in hospitals were based on answers to an item that asked whether each homeless person had been hospitalized at all over the year previous, and assumed that the hospitalizations lasted one week on the average. With respect to jails and prison experienced, there were some important differences: For prisons and jails, only information on the proportions of homeless persons who had ever been in jail or prison were available. These proportions were allocated out over 22 years -- roughly the years between becoming subject to the adult criminal justice system at age 18 and the current median age (40) of the homeless. In addition we "guessed" that each person who had been to jail had been jailed twice, on the average. We also assumed that persons in jail had been in jail on the average 2 months and persons in prison 18 months before discharge.

[21] Current estimates of the institutionalized population of Chicago were not available. The numbers given below were obtained for periods a year or more prior to the surveys, from public information specialists respectively at the Cook County Jail and the American Hospital Association. They are presented here as magnitude estimates:

Average daily jail population (1986)	4800
Average number inpatient population in Chicago general hospitals (1984)	21746

Note that the general hospital inpatient population undoubtedly includes non-residents who have come to Chicago for specialized medical treatment.

Residents in Shelters Excluded From Shelter Sample

Our sample of shelters included only shelters that were mainly directed towards serving persons who were homeless. Excluded under this rule were shelters that were dedicated primarily to serving special groups not defined by their homelessness. For Phase II we have some information on both the number of such excluded facilities and their bed capacity.[22] In Phase II, the excluded shelters included 3 that served the chronically mentally ill, 6 shelters for battered women and 5 detoxification centers. The total bed capacity of these excluded shelters was 291, as reported to interviewers.

Of course, some of the residents of the excluded shelters were also homeless, although we do not know what proportion were in that condition. A reasonable assumption may be that the excluded shelters had occupancy rates about the same as sampled shelters (70%) and that about 70% of the occupants were homeless. This somewhat shaky line of reasoning yields an estimate of 145 homeless persons in the shelters excluded from the shelter sample.

A Combined Sample and Non-Sample Point Prevalence Estimate

The estimates of non-sample homeless presented in the last few sections generate mixed degrees of confidence. We are fairly confident that the homeless dependent children are estimated on the basis of reasonably reliable counts. We are less confident in the estimates given of those temporarily homed. Least confidence resides in the estimates of the institutionalized homeless and homeless persons in excluded shelters.

Table 3.7

Combined Total Point Prevalence Estimate of Chicago Homeless

Average Phase I and Phase II Sample Estimates	2182
Average Number of Homeless Dependent Children	273
Average Temporarily Homed	42
Average Institutionalized Homeless	80
Average Homeless in Excluded Shelters	145
Estimated Grand Total Chicago Homeless --------	2722

Nevertheless, for those who are concerned about what might be the point prevalence count were all these groups included, Table 3.7 presents the combined point prevalence estimate of the homeless in Chicago calculated by taking all of the information presented about the homeless, both sampled and outside the sample. The grand total shown on the bottom line of Table 3.7 is 2,722. That is, we estimate that, on the average, there were 2,722 persons homeless in Chicago nightly, including all persons temporarily housed in institutions or given temporary access to conventional dwellings, or housed in specialized shelters during the survey periods.

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[22] In each phase, a list was drawn up of all shelters known to the Chicago Welfare Department and the Chicago Coalition for the Homeless. Each facility on those lists was contacted by an NORC field supervisor and queried to determine the facility's eligibility for inclusion in our sample. Unfortunately, in the Phase I operation no formal records were kept of the information obtained. In Phase II, however, the NORC field supervisors recorded information on each shelter. Hence these estimates apply only to Phase II.

Note that this estimate errs, if at all, on the side of over-estimating the point prevalence number of homeless persons in Chicago. Hence it can serve as an upper bound estimate.

The Issue of "At Risk" Populations

How many persons are homeless at some point in time may be an important question for which answers are needed. However, this information does not exhaust useful policy-related information. From a more general point of view, there is another issue, at least as important, concerning what kinds and how many persons are "at risk" of becoming homeless over some period of time. The concept of "at risk" is one that is concerned with the size and distribution of the reservoir of persons and households from which homeless persons are drawn. In other words, the population at risk of homelessness consists of persons who have a significantly large probability of becoming homeless over some period of time.

The policy importance of the idea of population at risk is quite considerable. Properly to plan preventive strategies, it would be essential to know the sizes and social locations of those populations who might be likely to become homeless. Although the Chicago Homeless can shed some light on these issues, it is handicapped by being focused entirely on persons who are homeless at two given periods of time.

To illustrate: The current study provides ample evidence that many of the homeless are unattached, young minority males who have had long histories of unemployment and under-employment, surely convincing evidence that this group is generally a very high risk population. But what is missing from our data is any information on how many such persons there are in the general population and on the differences between those who become homeless and those who do not. It may well be the case that, say, mainly those who are alcoholics or chronically mentally ill are very likely to be found at some time among the homeless. If that were to turn out to be the case, then preventive programs can be more sharply focussed on the relevant high risk subgroup with a more specific directed content.

Another important issue involving the concept of populations at risk concerns where to draw the line in defining homelessness. If the differences between persons currently homeless and those who have a high probability of becoming homeless are slight, then why not count the populations at very high risk as homeless as well? Our surveys have found about 2,700 homeless in Chicago, but the high risk population may be much larger, perhaps magnitudes greater. In short, the numbers currently homeless at any one point in time may represent the extremes on a continuum that ranges all the way from the securely domiciled through increasing degrees of precariousness to those who would be counted in any survey using an approach comparable to ours. In these terms, it is possible that the Chicago Homeless

Study only explored the manifest tip of an iceberg-like structure that may extend deeply into the domiciled population. Of course, we cannot tell at this point what are the relevant ratios of the manifest to the latent homeless in Chicago. In other words, it is not at all clear that the iceberg of homelessness lies deeply in the water or is more like an ice floe.

Properly to map out the distribution of high risk populations and to estimate their sizes was a task beyond the scope of the present project. Indeed, to do so would have required a much larger effort directed at surveying in considerable detail unattached males and females at or below the current poverty line, who are domiciled with others or living in single person households.

A full understanding of the problem of homelessness in our society would require such a survey. However, the current study does provide some vital data. We now have good estimates of the average number of persons in shelters and on the streets or in public places in the Fall of 1985 and the late winter of 1986. We also have good estimates of new entrants into the homeless state over the year prior to our surveys. Finally, we have been able to estimate the total number of Chicagoans who have been homeless at any time during the prior year.

CHAPTER 4

A Socio-Demographic Profile of the Homeless

Introduction

As was emphasized at the end of Chapter 2, the Chicago homeless were homogeneous in some respects but in other respects quite heterogeneous. This is particularly true of their social and demographic composition, the focus of attention in this chapter. Almost consistently the street and shelter samples presented strong contrasts, despite the fact that there was evidence of considerable movement back and forth between the street and the shelter homeless. Hence, we distinguish between the shelter and street samples in many of the data tables presented in this chapter. Gender and age constituted additional fairly consistent sources of variation among the homeless. The final section of this chapter is devoted to major gender and age-related subgroup differences among the homeless.

In order properly to represent the condition of the homeless population as a whole, the figures in the tables entitled "Weighted Total" refer to estimates for the population based on weighting the shelter and street population according to their estimated proportions in the total homeless population. The weights used are explained in the last section of Chapter 1 and also in Appendix A.

The Interpretation of Social and Demographic Characteristics

The current social and demographic characteristics of any population are outcomes that are strongly influenced by both the social origins of the persons being described and the life events they have experienced. Hence how a given characteristic plays some role in the etiology of homelessness is usually unclear and subject to more than one interpretation. For example, a person's age is an indicator of many things about that person, including a specification of his or her historical experiences of a personal sort, an index of physiological maturity, and an indicator of the accumulation of life experiences. Someone born after 1935 did not personally experience the early years of The Great Depression; someone born after 1945 did not directly experience the years of World War II; and so on through the major periods of recent history. Nor can we expect that a person of 25 will have accumulated the years of life experience that someone who is over 60 has. Physical strength, health, and drive decline with age, especially after 45. The fact that many of the homeless were young does not necessarily mean, for example, that homelessness was on the increase, but may simply indicate that persons were more vulnerable to falling into that condition in their younger rather than their older adult years. This last interpretation may also imply that some fairly large proportion of the young homeless leave that condition as they grow older.

Similar statements can be made about each of the social and demographic characteristics covered in this chapter. Being a black American says a great deal about one's origins, but race also plays a role currently in the ways in which other members of other ethnic and racial groups react to a person. The fact that there may be proportionately fewer or more blacks among the homeless by itself has ambiguous meanings as far as etiology is concerned.

Gender

Homelessness is a condition that largely involves males. As shown in Table 4.1, males constituted slightly more than three out of four of Chicago's homeless population, as compared to less than half of Chicago's general adult population. But there were differences among the homeless: Four of five (82%) encountered in our street sample were males, in contrast to two out of three (70%) of the shelter sample, a statistically significant difference. In part, this gender distribution was a function of the kinds of accommodations offered by some of the shelters, in which the sexes were segregated and special accommodations were offered to women accompanied by young children. (See later section in this Chapter where the family status of the homeless is discussed, and Chapter 8 where characteristics of Chicago's shelters are given.)

Table 4.1

Gender Distribution in Street and Shelter Samples

Gender	Street Sample	Shelter Sample	Weighted Total	1980 Chicago Census[a]
Male	81.8	70.4	75.5	46
Female	18.2	29.6	24.5	54
Unweighted N	[165]	[557]	[722]	

NOTE: Differences are significant at $p < .05$

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[a] As reported in the 1980 Census for the City of Chicago.

This heavily male gender distribution has been characteristic of homeless populations over the past fifty years, if the early studies of Skid Row populations provide any firm indications. Indeed, if anything, it appears that the proportion of women in the homeless population has increased since the times of the early studies: Early observers of homeless populations almost uniformly remarked on the almost complete absence of women among the homeless groups they studied.

Age Distribution

In either average or median age, the Chicago homeless were quite similar to the 1980 Census adult population of Chicago. Nor were the shelter and street homeless very different from each other. With medians and averages around 39-40, the typical homeless person was a young adult in the middle years. But averages and medians can be misleading, as an examination of the age distributions of Table 4.2 shows: The Chicago 1980 Census contained proportionately more very young and more old persons

Table 4.2

Age Distributions In Street and Shelter Samples

A. Street and Shelter Samples Compared with Total and Census

Age of Respondent	Street Sample	Shelter Sample	Weighted Total	1980 Chicago Census
Under 25	8.9	13.4	11.4	18.7
25 to 29	16.5	11.9	14.0	12.8
30 to 34	10.9	14.7	13.0	10.3
35 to 39	13.5	11.4	12.4	7.8
40 to 44	15.7	12.8	14.1	6.8
45 to 54	13.8	17.4	15.8	13.8
55 and Over	20.6	18.4	19.4	29.6
Unweighted N	[165]	[557]	[722]	
Average age	41.5	40.0	40.3	39.4
Median age	40.2	38.4	39.0	40.3

Note: Differences between shelter and street samples are not significant.

B. Gender Comparisons In Age

	Males	Females
Average Age	41.6	36.6
Median Age	40.4	34.4

Note: Gender differences are significant at $p < .05$

than either the shelter or the homeless samples. In contrast, the homeless were concentrated more heavily in the middle years, between 30 and 45. In short, the homeless were not drawn exclusively or largely from the archetypical dependent groups of the very young or the old, but were drawn from all ages with a propensity towards over-representation from those in the middle "productive years".

It should be noted that this age distribution has implications for the participation of homeless in income maintenance programs. The more generous of such programs have not been designed traditionally to provide income maintenance to males in their so-called productive years, especially if they are seemingly able-bodied. Payments to families under AFDC are not available to single males. As will be shown later in this report, homeless females with children remain homeless for the shortest periods of time, apparently just the few weeks that is necessary to establish eligibility under AFDC. What may account for the absence of old persons among the homeless may be the generosity of our nation's old age pension system that provides payments sufficient to allow old persons to afford housing[1]. None of the programs available to non-disabled persons, especially males in their productive years, ordinarily provide enough income maintenance to enable the typical homeless person to rent even the most minimal standard housing. (For example, maximum General Assistance payments in Illinois are currently $154.00 per month.) We will return to this issue in a later chapter.

The bottom panel of Table 4.2 shows that there were strong age differences between male and female homeless persons, women having average and median ages some five to six years younger than men. This strong age difference by gender foreshadows several other differences that will build to a case that male and female homeless persons were different groups with quite different reasons for being homeless.

Race and Ethnicity

The self-reported[2] racial/ethnic compositions of the Chicago homeless are shown in Table 4.3, as well as the 1980 Census distributions. It appears that almost all racial and ethnic groups are represented among the homeless, but some are over-represented compared to their presence in the general population. Blacks constitute about one-third of the 1980 Chicago Census population, but slightly more than half (53%) of either the shelter or street populations. (If we add to that percentage those who consider themselves to be Black Hispanics, the proportion Black goes up slightly to 54%.)

Perhaps the ethnic/racial group most over-represented among the homeless are American Indians, who constitute 7.1% of the street, 3.5% of the shelter samples, and

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[1] The occupants of Chicago's single room occupancy units were predominantly persons beyond retirement age, presumably living on OASI payments or other pension payments. (Chicago Planning Department, 1985) See also Chapter 2 for a more extensive discussion of the occupants of SROs.

[2] Respondents were read a list of ethnic/racial categories and asked which one of the groups on the list they considered themselves to be. The list read corresponds to the categories in Table 4.3.

5.1% of the total homeless, but only 0.1% of the Chicago Census population.[3]

About one in three of the homeless are whites (29% of the street and 32% of the shelter samples), indicating that whites are under-represented among the homeless compared to their proportion (55%) in the general adult population.

Table 4.3

Race and/or Ethnicity

Race or Ethnicity	Street Sample	Shelter Sample	Weighted Total	1980 Chicago Census
Hispanic White	3.0	7.5	5.5	--[a]
Hispanic Black	1.0	1.8	1.4	--[a]
Black American	55.6	50.8	53.0	35.5
American Indian	7.1	3.5	5.1	0.1
Asian or Pacific	1.0	.4	.7	2.3
White	28.9	32.1	30.7	55.1
Other	3.3	3.4	3.3	7.0
Don't Know	0	.5	.3	----
Unweighted N	[165]	[557]	[722]	

[a] The US Census does not provide counts of white and black Hispanics.

It should be noted that there are no significant differences between the shelter sample and the street sample with respect to ethnicity, although it does appear that American Indians are particularly numerous in the street sample.

The full meaning of the racial/ethnic distribution among the homeless samples is fraught with ambiguity. Although blacks and American Indians are clearly over-represented among the homeless, it is not at all clear whether it is the socio-economic conditions under which such groups live that generated their over-representation, or some other factors, for instance, that relate to differences in kinship structures.

Migration

Most homeless were long term residents of Illinois and of Chicago: Forty percent of the street sample and 51% of the shelter sample were born in Illinois. Other large minorities (30% and 23%) were born in some other state but have lived in Illinois for a decade or more. (See Table 4.4.) The remainder were born elsewhere but have lived in Chicago for less than a decade. Some were relative newcomers: 11% both of the street and shelter samples have lived in Chicago less than a year[4].

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[3] Over-representation of American Indians among the homeless was found in both Phase I and Phase II surveys. Nevertheless, the small numbers involved clearly suggest caution in interpreting these findings.

Compared to the shelter sample, the street sample contained a significantly greater proportion of migrants to Chicago, fewer having been born in Illinois.

Table 4.4

Migration Status of Shelter and Street Samples
[Phase I and II Combined]

Residence & Migration	Street Sample	Shelter Sample	Weighted Total	Chicago Census
Born in Illinois	40.5	51.2	45.8	59.2
Lived in Chicago 10+ Years	70.0	74.1	72.3	33.4[a]
5-9 Years	6.0	5.9	5.9	
1-4 Years	12.7	9.0		7.4[b]
Less than 1 year	11.2	11.0	11.1	
Unweighted N	[165]	[557]	[722]	

[a] Proportion not born in Illinois but lived in Illinois more than 5 years. 1980 Census.

[b] Proportion lived in Chicago for less than 5 years. 1980 Census.

Today's Chicago homeless were clearly not the migratory workers who inhabited the Skid Row of history. They are largely persons who have been Chicagoans for some time and have a personal history in Chicago that reaches back over a number of years. At the same time, the homeless were also more likely to be migrants than other Chicagoans: 11% have lived in Chicago for less than one year, while only 7% of Chicagoans generally have lived there for less than five years.[5]

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[4] Less than half of those who have been in Chicago less than a year are very recent migrants who arrived within the month before they were interviewed --4.1% of the street and 4.7% of the shelter sample.

[5] Unfortunately the 1980 Census does not provide data on migration over periods of time shorter than 5 years.

Educational Attainment

The educational attainment levels of the homeless samples were not very different from the general Chicago population, as shown in Table 4.5. The modal homeless person was a high school drop out (37%) but so was the typical Chicagoan (30%). Almost as frequent among the homeless, however, were high school graduates (32%), comparing favorably in that respect to Chicagoans generally (28%). The homeless have had considerably less than their proportionate share of college graduates, with the general population having almost twice as many college graduates and three times as many with post-graduate training.

Table 4.5

Educational Attainment of Street and Shelter Samples
[Phase I and II Combined]

Years of Education	Street Sample	Shelter Sample	Weighted Total	1980 Census[a]
0-7	7.9	7.2	7.6	14.1
8-11	35.1	8.9	37.2	29.7
12 (HS grad)	33.0	30.3	31.6	28.4
13-15	16.8	19.3	18.1	14.0
16 (C Grad)	4.6	2.8	3.6	6.8
17 or more	2.6	1.4	2.0	7.0
Unweighted N	[165]	[557]	[722]	

Note: Differences between street and shelter samples are not significant.

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[a] Census population consists of adults 25 and over.

There appeared to be no substantial differences in educational attainment between the shelter and street samples.

Of course, comparing the general Chicago adult population with the homeless does not take into account the age distribution differences noted earlier. Older persons have had significantly less educational attainment, and older persons were under-represented among the homeless. If we were to correct for the age differences, it is very likely that the homeless population would show significantly lower levels of educational attainment, when compared to the general population. The differences, however, would not be very large. By and large, Chicago's homeless population was not suffering from any serious deficit in education.[6]

Marital Status

One of the most dramatic contrasts between the homeless samples and the general Chicago population can be seen in current marital statuses, shown in Table 4.6. More than two out of five (43%) of all Chicagoans over the age of 15 were currently married, compared to only 7% of the total homeless. Within the homeless group, 5% of the street and 8% of the shelter samples were currently married. Furthermore, the homeless samples contained almost three times the Chicago proportion of persons divorced or separated (32% compared to the Chicago 12%.) Finally, a majority (57%) of the homeless have never been married, 61% of the street and 53% of the shelter samples, a stark contrast to the Chicago proportion, 35%.

Table 4.6

Current Marital Status of Shelter and Street Samples
[Phase I and Phase II Combined]

Marital Status	Street Sample	Shelter Sample	Weighted Sample	1980 Census[a]
Married	5.4	8.2	6.9	43.3
Divorced or separated	29.9	33.5	31.9	12.5
Widowed	3.6	4.8	4.3	9.4
Single, never married	61.1	53.3	56.8	34.8
Don't know	0.0	.1	.1	
Unweighted N	[165]	[557]	[722]	

Note: Differences between shelter and street samples are not significant.

[a] Census data based on persons aged 15 and older.

The contrast between the general Chicago population and the homeless would be even greater, if we took age into account. The Census tabulates marital status for all persons 15 years and older. Only a small handful of the homeless are between 15 and 21 years of age, the group in which many of the never married persons in the Census can be found. In addition, the homeless contain relatively few aged persons, among whom there are many widowed persons. Hence the contrasts in Table 4.6 understates the extent to which the Chicago homeless were much less likely to have been married than the general Chicago population.

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[6] Of course, this statement does not address the issues of educational quality or of actual achievement of basic skills that formal education is supposed to impart.

In short, 92% to 95% of the homeless were currently not married. Homelessness is almost identical with "spouselessness". The fact that so many have never been married has important implications. For example, many social programs are specifically reserved for married persons and families, for which familyless persons are ineligible. Income maintenance programs for familyless persons tend to be difficult to enter and are not generous in payments when entry is attained. In addition, this feature of the homeless means that, by and large, homeless persons are not members of households and are therefore deprived of the financial and emotional buffering against life's vicissitudes that household membership provides.

There were significant marital status differences between men and women homeless, with female homeless persons being more than two times more likely to be currently married and correspondingly fewer women who have never been married. (See Table 4.7.) In part, this gender difference reflects the fact that some of the shelters also served as "transitional" refuges for women who were trying to escape from marriages that had gone sour, or from conflict-ridden households shared with parents or other relatives.

Table 4.7

Gender Differences in Current Marital Status

Current Marital Status	Males	Females
Married	6.1	12.5
Divorced or Separated	33.2	31.8
Widowed	4.2	5.2
Single	56.3	50.5
Don't know	.2	0
N=	[527]	[194]

Note: Gender differences are significant at $p < .05$

Parental Status

A majority (54%) of the homeless have had children, despite the low proportions who have ever been married. (See Table 4.8.) A fair proportion (one in nine) have had four or more children, and one of the homeless claimed to have fathered 17! Taking into account the marital statuses of the homeless, this parental status pattern also means that few of the homeless have taken little, if any, responsibility for the children that they brought into the world.

Table 4.8

Number of Children Ever Born
[Phase I and II Combined]

Number of Children	Street Sample	Shelter Sample	Weighted Total
None	50.5	42.7	46.2
One	13.0	17.3	15.3
Two	16.9	15.7	16.2
Three	11.1	11.2	11.2
Four or more	8.5	13.1	11.1
Unweighted N	[165]	[557]	[722]

Note: Differences between shelter and street samples are not statistically significant.

As can be seen in Table 4.9, female homeless persons were significantly more likely to have been parents, almost four in five having had at least one child. Males have apparently fathered their children but never formed legal marriages and likely never have formed households with their children and with the women involved.

Table 4.9

Number of Children By Gender

Number of Children	Males	Females
None	49.5	29.2
1	15.9	20.3
2	14.0	20.3
3	9.6	14.6
4 or more	11.0	15.6
N =	[527]	[194]

Note: Differences are significant at $p < .01$

Homeless Families or Homeless Individuals?

Because the homeless in our sample were relatively young, the children they have had were not likely to be mature adults, but rather at most late adolescents. This statement holds particularly for homeless women who were younger than the men in our samples. The lower average age of the women means that many of their children were likely to have been at most in early adolescence.

Nevertheless, whatever the ages of their children, and whatever their current marital statuses, most (91%) of the homeless persons were currently alone in their homelessness, as Table 4.10 indicates.[7] As might be expected, all of the street sample homeless were totally alone with about one in seven (14%) of the shelter sample having had some of their family with them.

Table 4.10

Homeless Alone or With Other Persons

A. Homeless Alone or With Others

	Street Sample	Shelter Sample	Weighted Total
Percent Alone	97.9	86.1	91.4

NOTE: Differences are significant at $p < .001$

B. Persons present with Respondent[a]

Children	80.3
Spouse	27.9
Other Relatives	3.3
Non-relatives	6.6

[a] Computed only for persons who have others homeless with them. Proportions add to more than 100% because of multiple persons homeless with respondent. Proportions based on weighted sample.

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[7] The question that elicited these responses was "Are you by yourself or do you have some family -- (husband/wife) children or some other relatives -- who are homeless with you?"

Panel B of Table 4.10 considers the relationships to the respondents of the persons who accompanied them in homelessness. The predominant (80%) family member type who shared homelessness with our respondents were children, with only 28% having a spouse with them.

Again, this pattern strongly reflects the presence among the homeless of married women who brought their young[8] children with them into the shelters when they left their households. As shown in Table 4.10, virtually (91%) all of the homeless were without any immediate family or other relatives with them in the homeless state. In contrast, in Table 4.11, slightly more than one in four of the homeless women had someone with them, predominantly children. Needless to say, this gender difference was highly statistically significant.

Table 4.11

Gender Differences in Being Homeless Alone
[Phase I and II Combined]

Homeless Alone?	Males	Females
Alone	97.7	71.3
(Among those with others) Homeless with Children	50.0	87.3
N =	[527]	[194]

Note: Gender differences are significant at p > .00001.

Employment and Occupation

In Chapter 2, it was shown that the homeless typically have not held steady jobs for several years. But, intermittent and part time employment that does not fit the category of "steady jobs" was not entirely absent. Minorities of the homeless managed to find some occasional work during the period immediately prior to our surveys.

As Table 4.12 indicates, three out of five homeless persons did not work at all during the month previous to the survey. But, some did work: One in four were employed during the week previous, and two in five worked sometime during the last month.

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[8] Several of the shelters have an explicit policy of accepting only children under certain age limits, usually 16, as part of family groups.

Mirroring findings in the general population, there were clear gender differences in work experiences over the month previous to the survey: As shown in Table 4.13, 31% of the male and 16% of the female homeless worked during the previous week. The gender differences were even stronger when we consider the previous month, with 51% of the males having worked sometime during the previous month, as compared to 23% of the female homeless.

Table 4.12

Proportions Worked for Pay Last Week or Last Month
[Phase I and II Combined]

Worked for Pay Last Week? Last Month?	Street Sample	Shelter Sample	Weighted Total
Yes, Last Week	23.3	25.9	24.7
Yes, not last week but during last month	11.4	16.7	14.2
Worked sometime during last month	34.7	42.6	38.9
Did not work at all last month	65.3	57.4	61.1
Don't Know	1.0	0.0	.5
Unweighted N =	[165]	[553]	[718]

Note: Differences between street and shelter populations are significant for Phase I, but not for Phase II and for the combined sample.

Of course, these were jobs mostly involving part time positions at very low wages and typically not employment that is steady and pays quite well. Nor were these jobs ones that demanded much in the way of previous experience or highly honed skills. Table 4.14 shows the job titles involved in the last month's employment. More than one in three (37%) were jobs classified by the Census as "laborers". One in six worked selling newspapers.[9] Ten percent worked in food service occupations. The remainder were scattered throughout the labor force with no concentrations in particular job titles. Note, however, that the job titles were mostly located at the bottom of the occupational hierarchy with a concentration in service jobs.

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[9] The Chicago Tribune employed some of the homeless males in selling newspapers to motorists at stoplight locations in the Loop.

The titles of jobs held last month were similar to the last steady jobs held, as shown in Table 4.15. Although the occupational titles ranged more widely up and down the occupational hierarchy, there was clearly a concentration on the lower levels, that demanded little in the way of skill and correspondingly poorly paid. Almost three out of four of the steady jobs were in the semi- and unskilled sectors of the labor force. Chicago's homeless have held steady jobs, but that was more than four years previous, and the jobs they had held were largely in the unskilled and semi-skilled categories of the labor force.

Table 4.13

Gender Differences in Recent Work Experiences

Work Experience	Males	Females
Worked Last Week	30.9	15.5
Worked last Month	51.1	22.9
Did not work at all last month	49.9	77.1
N =	[527]	[194]

Note: Gender differences are significant at $p < .0001$

Table 4.14

Occupation of Job Held During Last Month

Census Job Title	Males	Females	Total
Professional	1.0	1.5	1.0
Clerical	3.5	14.2	5.1
Sales workers	3.9	6.8	4.3
Newspaper Sales	18.7	0	15.9
Crafts Workers	5.1	0	4.4
Operatives	.5	1.5	.6
Transport	3.0	0	2.6
Taxicab Drivers	.5	0	.4
Laborers	39.4	25.4	37.3
Construction	.3	0	.2
Factory work	.9	4.1	1.4
Cleaning service	7.3	8.3	7.5
Food Service	11.5	1.5	10.1
Health Services	0	5.6	.8
Personal Service	.7	5.3	1.4
Protective	1.0	1.5	1.0
Child care	0	2.6	.4
Private Household	0	1.5	.2
Armed Forces	.3	0	.2
Not codeable and Don't know	2.6	20.4	4.4
N =	[527]	[194]	[722]

Table 4.15

Occupation of Last Steady Job

Occupation of Last Steady Job	Males	Females	Total
Professional	3.9	3.9	3.9
Managers or proprietors	1.5	2.0	1.6
Clerical workers	10.5	28.6	14.1
Sales workers	3.5	3.7	3.6
Newspaper sales	.1	0	.1
Crafts workers	8.8	1.2	7.3
Mechanics or repair persons	2.1	0	1.7
Operative	13.6	10.6	13.0
Transport workers	4.7	.4	3.8
Taxicab drivers	.7	0	.6
Laborers	19.0	7.0	16.6
Farm laborers	1.0	3.4	1.5
Construction workers	3.6	.4	3.0
Factory workers	2.4	7.2	3.4
Cleaning service	7.4	9.7	7.8
Food service	9.5	10.9	9.7
Health service	.8	4.0	1.4
Personal services	.4	.4	.4
Protective services	2.5	1.9	2.4
Private household	.8	1.6	1.0
Armed forces	1.6	.8	1.4
Not codeable & Don't know	1.6	2.4	1.7
N =	[527]	[194]	[722]

Gender and Age Differences

Although Chicago homeless persons vary in a number of ways, a consistent theme throughout the findings of our survey is that major axes of differentiation were along gender and age lines. Younger homeless persons differed consistently from older, and men differed consistently from women. To explore these lines of differentiation, we constructed four homeless subgroups, as follows:

Young Males (Under 40 years of age)
Young Females (Under 40 years of age)
Older Males (40 years of age and over)
Older Females (40 years of age and over)

Age forty was taken as the dividing line between young and old because it was approximately the median age of the Chicago homeless sample.

Shelter Usage

Perhaps the most distinctive difference among the four gender-age types was in the use of shelters as sleeping or resting places. As shown in Panel A of Table 4.16, about four out of five of the young women were interviewed in shelters, in contrast to less than one out of two for young males. Older males and older females were slightly more likely to be interviewed in the shelter sample than in the street sample (55% and 53% respectively).

Table 4.16

Sleeping or Resting Locations

	Under 40		40 & Over	
Location	Males	Females	Males	Females
A. At time of Interview:				
Street	52.0	18.8	44.6	46.9
Shelter	48.0	81.2	55.4	53.1
B. Percent of Last Seven Days Sleep/Rest Locations				
Shelter	46.4	67.4	58.3	56.5
Streets, alleys	21.5	5.4	13.3	10.1
Public Places	12.0	4.7	17.2	18.7
With family	4.2	4.3	1.7	2.5
N=	[271	[89]	[272]	[88]

Table 4.17

Living Arrangements Prior to Current Homelessness

Prior	Under 40		40 & Over	
Living Arrangements	Males	Females	Males	Females
Living Alone	44.9	23.2	59.9	47.5
With spouse and/or children	6.5	27.7	7.8	14.7
With parents, siblings, or other relatives	22.1	24.7	13.1	14.4
With other persons	26.5	24.4	19.2	23.4
N=	[271	[89]	[272]	[88]

Usage of shelters over the seven days previous to the interview followed the same pattern. (See Panel B of Table 4.16.) Young women spent about two out of three nights in shelters, the highest proportion among the four groups. Again, young homeless men were the contrasting group with the lowest proportion of nights spent in shelters. Older men and women were very much alike in their proportions of nights spent in shelters.

Young women also stood out with respect to their living arrangements immediately prior to becoming homeless, as shown in Table 4.17. Although the majority of the homeless were living alone in apartments or rented rooms before becoming homeless, young women were exceptional in having lived with their spouses and/or children or with their parental families, with only a small minority having lived alone. In contrast, young homeless men only rarely left behind a spouse or children, coming either from living alone or with their parental families.

Older homeless persons, both men and women, came from housing arrangements in which they lived alone.

The extent to which young women departed on bad terms with the persons they shared their previous living arrangements with can be seen in Table 4.18. In our Phase II survey, we asked homeless persons whether their relatives living in Chicago would want the respondents to move in with them, assuming the latter had enough room, and whether the respondents would want to do so, if their relatives would let them. Here again, young homeless women stood out both in their overwhelming (81%) rejection of return to their families and in their perceptions of their families' unwillingness (76%) to accept them. In contrast, a bare majority (53%) of young homeless men would want to go back, if their families would accept them, although a majority (56%) believed that their families would be opposed to having them back.

Table 4.18

Attitudes Towards Moving Back with Families
[Phase II Only]

A. Would Chicago Relatives[a] Want Them to Move In

Relatives' Views	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females
Opposed	55.9	75.8	52.9	53.3
In favor	40.8	18.2	41.2	40.0
Don't know	3.4	6.1	5.9	6.7

B. Respondents' Views on Moving in With Relatives, if Relatives wanted them:

Respondents' Views	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females
Opposed	47.4	81.3	67.6	60.1
In favor	52.6	18.7	32.4	39.9

[a] Defined to respondents as "parents, brothers or sisters, or other relatives living here in Chicago."

Older homeless men and women were somewhere in between the two contrasting groups discussed above. On the one hand, they rejected (68% and 60%) the idea of returning. On the other hand, they believed (53%) that their relatives would not want them back.

In short, it appears that the young homeless women parted on mutually agreed upon poor terms with their families. Indeed, given the strong rejection of the idea of moving back, it would appear that relations had deteriorated very badly.[10] In contrast, there is some hint that young men were rejected by their families, and that many would welcome return to their relatives, if that were possible.

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[10] The items used to measure these attitudes towards moving back were only asked of homeless persons who had relatives who lived in Chicago, as revealed in their answers to immediately previous questions. The items stressed family and relatives, did not mention spouses specifically, but also did not exclude spouses. Since many of the young women had lived with their spouses prior to becoming homeless, these negative attitudes may represent rejection of their marriages rather than of their parental families and collateral relatives.

Some Critical Characteristics of Age-Gender Groups

Table 4.19 shows some of the important characteristic differences among the four age-gender groups: First of all, older homeless persons were more likely to be white than the younger -- 45% of the older women and 41% of the older males were whites. In contrast, 20% of the younger males and 15% of the younger females were whites. Note that young homeless women were especially likely to be black. This strongly patterned racial distribution can have several meanings, among which it is difficult to distinguish: 1) The racial composition of the homeless has been changing over time, with young non-whites (mostly blacks) becoming a greater and greater proportion of the homeless population. 2) Both young blacks and older whites were more susceptible to becoming homeless than their respective age complements. In the absence of longitudinal data in the Chicago Homeless Survey, it is not possible to choose which of these two possibilities was the more likely.

Since the older a person is the longer he or she is likely to be in any particular condition, we can expect that the older homeless, on the average, would have been in that condition for a longer time period. Indeed, such is generally the case, as shown in Panel B and C of Table 4.19. On the average, homeless men and women over 40 had been homeless for longer periods of time than those under 40, about one year for men and about 6 months for women. However, these are not very large differences, especially in contrast to the average differences in age between the two age groups. Indeed, it appears as if those over 40 did not become homeless when they were very much younger.

As we have come to expect, young women are conspicuously different. Among young women, being homeless under four months predominated, being characteristic of more than half (55%) of that group. In short, young women appeared to be those who were predominantly homeless for short periods of time, most likely in transition from intolerable living arrangements to return again to the homed condition. As we will discuss in the next chapter, it was likely that their being eligible for ADC made it possible for young homeless women to obtain their own housing and to leave the homeless condition in a matter of weeks.

The income data shown in Panel C tend to bear out the interpretation offered in the last paragraph. The gender-age group with the highest average previous month's cash income was young women, a large proportion of whom were receiving ADC payments. Clearly worst off were older women whose average cash income was $121.

Table 4.19

Selected Characteristics By Age and Gender

Characteristic	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females
A. Race				
Percent White	20.4	15.3	40.9	45.1
B. Time Currently Homeless				
Homeless three months or less (%)	33.5	54.9	24.2	21.7
Average Time Homeless (months)	18.6	12.2	28.8	18.6
C. Work and Income				
Months Since Last Steady Job	46.3	63.0	58.7	63.0
Cash Income last Month	$189	$236	$140	$121

All the age-gender groups were long time periods from their last "steady jobs", ranging from almost 4 years (46 months) for young men and more than 5 years (63 months) for both younger and older women.

Criminal Justice, Mental Health and Detoxification Experiences

In Table 4.21, the age-gender groups are compared with respect to a number of indicators of behavioral problems -- criminal justice system experiences, detoxification, and mental hospital episodes. In almost all these respects, young homeless men had the highest levels of such experiences. More than a third have spent some time in a detoxification facility, a little less than a third have been mental hospital patients, almost one in four have been convicted of felony charges and served time in a federal or state prison, more than half have served sentences in jails, and two out of five have been placed on probation by court orders. These incidences are higher than for any other age-gender groups, with the exception of detoxification, in which older men had a slightly higher incidence. Homeless men under 40 had clearly been in trouble.

When we consider the cumulative experiences of young homeless men, their positions appeared even worse. In the bottom line of Panel A, we show the proportions in each age-gender group who have had at least one type of criminal justice experience. Almost two out of three (63%) of the young men have had multiple criminal justice experiences. If we consider all of the events discussed in Table 4.20, as in Panel D, young men again showed the highest incidence of all: More than three out of four (77%) have had a criminal justice experience, or been in a mental hospital or a detoxification unit.

Older men were closer to younger men than any other age group in having had almost as high rates of having been in trouble, the major exception being patients in mental hospitals. Both young and older women have had higher mental hospitalization rates than older men.

Table 4.20

Criminal Justice, Detoxification and Mental Hospital Incidents

Incident	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females
A. Contacts with Criminal Justice				
Federal or state Prison (%)	23.1	3.7	18.9	2.9
County or City Jail (%)	53.0	13.2	44.4	20.6
Court Probation (%)	40.9	18.4	26.3	5.9
One or more criminal justice events	62.7	24.4	49.1	19.7
B. Detoxification (%)	34.6	17.0	43.5	14.4
C. Mental Hospital (%)	32.4	21.7	16.1	17.1
D. One or more of A, B or C events	77.3	38.6	74.1	35.7

With the sole exception of mental hospital incidents, both younger and older women have been less frequently in trouble. In comparison to men, very few have gone through detoxification, been in prison or jail or placed on probation.

Interviewers' Impressions

At the end of each interview, interviewers rated their impressions of the functioning and appearance of the homeless person just interviewed. NORC interviewers were not clinicians, so their ratings of any of the functional issues cannot be regarded as more than a lay person's impressions. On appearance issues, however, the NORC interviewers' ratings can be regarded as good as anyone else's since there are no clinical experts on, for example, whether persons are neat and clean as opposed to shabby and dirty.

However, interviewers' judgments of functioning can be used comparatively, as in comparisons among age-gender groups. That is, although an interviewer's judgment that an interviewee was incoherent cannot be taken as an expert judgment about that respondent's cognitive functioning, the fact that men were judged more frequently to be incoherent than women may be viewed as indicating a relatively reliable difference.

In Table 4.20 the interviewers' judgments about each of the four age-gender subgroups are compared. In Panel A, functional judgments are shown. In these respects homeless women over 40 appeared to be functioning least well. They were more likely to be rated as appearing confused, incoherent, and not lucid than any of the other age-gender subgroups.

Table 4.21

Interviewer's Ratings

Rating	Under 40		40 & Over	
	Males	Females	Males	Females
A. Functional Ratings				
Appeared Confused	13.4	16.0	6.8	21.0
Incoherent	2.8	2.4	3.3	10.8
Not Lucid	27.5	20.9	31.2	34.5
B. Appearance Ratings				
Dirty	18.4	4.5	30.5	19.8
Shabbily Dressed	23.7	18.8	42.3	36.3
Carrying belongings in packages	8.4	3.3	10.2	26.1
Not Neat and Clean	38.9	30.6	55.6	45.9

The other age-gender groups showed no particular uniform pattern. Young females were rated slightly more frequently as more confused than young males and considerably more confused than older males. But older females achieved the highest rating in this respect, more than one in five being rated as confused. No strong differences appeared in regard to incoherence, older women, as mentioned above, being several magnitudes higher in incoherence than any of the other groups.

In Panel B, where the interviewers' ratings of appearance are shown, older women are most likely to have been observed carrying their belongings with them in packages. Apparently, Chicago did have "bag ladies" amounting to about one in four of the homeless women over 40.

In other respects, homeless men over 40 were rated as being the most likely to be dirty, shabby, and not neat and clean. In these respects the opposite side was occupied by young women, with young men in an intermediate position and older women being closer to older men in appearances.

Summary

The Chicago homeless population displayed considerable heterogeneity, yet there were some discernable patterns. The "typical" Chicago homeless person is a black male in his middle 30s who had an average educational attainment. He had either never married or was currently divorced. His last steady job was held more than four years ago. Although more than one in three worked for some period of time during the month previous to the survey, the jobs in question were temporary and involved low levels of skills, paying correspondingly low wage rates.

A significant minority among the homeless was represented by young women, in their early thirties, often married or recently living with someone, but on their way to separation and later divorce. These young women had young children, many with them in the shelters. This homeless group appeared to consist of women who were escaping from intolerable marriages or other intolerable household arrangements.

Another minority group consisted of older white males in their early fifties who are steady shelter residents. This group also consisted of unmarried or formerly married persons of average educational attainment. They tended to be intermittently employed at marginally paying jobs.

The major axes of differentiation among the homeless were found to be age and gender. Homeless men under 40 were found to have had the highest incidences of contact with the criminal justice system, and the highest rates of hospitalizations for mental illness episodes. Young women, in contrast, appeared to have been in domestic turmoil and on the way out of intolerable marriages or other living arrangements, finding refuge temporarily largely in shelters. Both homeless young men and women were more likely to be non-white than their older counterparts. Homeless women over 40 were most likely to fill the requirements of one of the stereotypes of the homeless, namely of the vague, incoherent "bag lady". Homeless men, whether young or old, were most likely to fill the stereotyped description of the Skid Row inhabitant in terms of appearance.

CHAPTER 5

The Incomes of the Homeless

It goes without saying that the Chicago homeless are poor. Monthly cash income averaged $168, and half the homeless had incomes under $100. From these meager funds the homeless had to provide for their daily needs, such as food and clothing, and for whatever luxuries and pleasures, such as cigarettes and movies, they could afford. Getting money for everyday needs and amenities was clearly a central task that the homeless had to work at each day.

The homeless managed to get by on these low incomes by relying on welfare organizations providing basic necessities directly. Although far from luxury accommodations, Chicago's shelters provided roofs and beds for the homeless who used them. Soup kitchens and other places where meals could be obtained at low or no cost provided food for many. Without the generosity of welfare organizations, the homeless would have been even more badly off. But despite such help, homelessness is a daily struggle just to get by.

We saw earlier (in Chapter 2) that the homeless got their meager cash incomes from many sources, including employment, handouts, and government assistance. We will see in this chapter that many of the homeless did not rely on a single source of income. Nearly one half (46%) of those receiving any income reported two or three and sometimes even more sources of funds. In this sense the homeless can scarcely be said to have been idle. Rather than passively accepting lack of steady employment, many appeared to "hustle" funds constantly, from whatever source possible.

We do not have a complete picture of how the homeless acquired money, and we have only the vaguest idea of how they spent it. But the survey data allow us to form an impression of the stress that chronic poverty placed on the homeless and of the effect of interventions meant to relieve that stress, viz., public welfare. In Chapter 7, we will show that the stress engendered had decidedly deleterious effects on morale and mental health.

This chapter focuses on the cash income of the Chicago homeless and where it came from. We will first examine how much income each source generated. Then we will divide the homeless into four categories: (1) those who had a source of regular income and supplemented it from other sources; (2) those who had a source of regular income and did not supplement it; (3) those who had income, but from no regular source; and (4) those who reported no income from any source. We will see that those who had a regular source of income were considerably better off monetarily and needed to spend less time looking for money than those who have no regular source of income.

The reader should bear in mind that our measures of the cash income of the Chicago homeless are based upon their reports of monies received during the month preceding their interviews. Given the sources from which income had been derived, it is highly likely that the fortunes of individual homeless persons varied considerably from month to month. Thus someone who appeared to have had a regular source of income in our survey may not have been in that category very long. Conversely, someone without any income the previous month may have had a regular source prior to the month just past.

For most, getting a regular source of income meant "going on welfare". However, being on welfare appeared to be quite transitory. In the third section of this chapter we will look at the process of applying for General Assistance and AFDC payments. There we will find that certain groups were more likely to have applied than others. We will find that many of the homeless had sought, and had received, assistance from welfare programs, but relatively few were currently receiving welfare benefits. This pattern of coverage reflect both failures on the part of welfare programs to maintain a flow of payments to the homeless and failures on the part of the homeless to maintain their eligibility.

Average Value of Income Sources

In this section we identify the numerous sources from which the homeless reported receiving income over the month preceding their interviews. We then estimate: (1) how much income on average was received from each source; (2) how many of the homeless received income from each source; and (3) how much of all the income received by the homeless was received from each source.

Respondents were asked to indicate whether or not they had received money last month from each of 13 sources of income, including family, friends, government programs, bartering, handouts, and gifts. In addition, they were asked how much total cash income they had received in the 30 days prior to the interview.[1] To simplify the interview, the homeless were not asked to report how much income was received from each source.

Multiple regression techniques were used to estimate the net average income from each source of income.[2] The results of this analysis are presented in Table 5.1. Listed in the table are the estimated average net incomes from each source (in column 1) and the standard error of that estimate (in column 2). Also shown in Table 5.1 are the percentage of the homeless reporting each source of income (column 3) and the income in each source as a percentage of all income received by the homeless (column 4).

Reclassification of Sources

Fourteen sources instead of 13 are reported in Table 5.1. Those reporting employment as a source of income were subdivided into two groups, depending on how much time had passed since the respondents last held a steady job. Those who reported being on a steady job within the last month were considered as still on steady jobs. Those whose steady jobs had terminated one or more months ago were classified as having temporary jobs.[3]

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[1] The total cash income was not asked of persons interviewed in the Phase I pretest. Consequently the 32 cases involved are not included in this analysis. An additional 51 cases were dropped because of missing values on at least one source.

[2] The cash income reported for the previous month was regressed on a set of binary variables (dummies) each noting the presence or absence of income from each of the sources shown. The regression coefficients shown in Table 5.1 represent the net average income received by the Chicago homeless from each source.

Table 5.1

Estimated Distribution of Income by Source

Source	Estimated Average Income[a]	Standard Error of the Estimate	Percent of Homeless Reporting Source	Percent of of Total Reported Income
Steady Job	366.35	34.03	3.0	7.5
Temporary Job(s)	72.60	11.44	31.5	15.6
Unemployment Insurance	25.33	39.16	2.3	.4
Pensions (without disability)	278.51	32.92	3.0	5.7
Supplemental Security Income (SSI)	251.47	24.22	5.8	10.0
Disability Payments (except SSI)	345.54	39.65	2.2	5.3
AFDC	247.39	23.08	6.3	10.7
General Assistance	130.55	12.91	21.8	19.5
Family/Relatives	16.51	19.94	10.7	1.2
Friends	15.09	18.32	15.7	1.7
Gifts	56.07	20.23	10.3	4.0
Handouts	6.92	15.35	24.2	1.1
Swapping or Trading	74.26	21.76	10.9	5.5
Other Sources	117.01	16.53	14.7	11.8

[a] Estimates were obtained from a multiple regression analysis of 639 cases with each source coded 1 if reported and 0 otherwise. Regression coefficients are estimates of the average income from each source.

Even for persons who are reasonably knowledgeable about our welfare system, it is difficult to clearly keep in mind the distinction among various programs. For example, Supplemental Security Income (SSI) is a program administered by the Social Security Administration: Hence, it is easy to confuse SSI payments with old age pensions, also administered by the Social Security Administration. For the most part the sources of income reported did not greatly overlap, making it possible to get fairly accurate estimates of the average income for each source. But considerable overlap was found in the sources relating to social security and disability benefits.[4]

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[3] The reader is reminded that a "steady job" was defined as a job held for at least several months, and that the average time elapsed since last steady job was over four years.

To remove overlap, the categories were redefined in the following manner: Those reporting both SSI and pensions as sources of income were classified as receiving SSI, but not as receiving a pension. Those who reported receiving both disability benefits and pensions were classified as receiving disability, but not a pension.

The effect of these changes is to broaden the categories of SSI and disability and to restrict the category of pensions to those to whom no disability payments were made. SSI becomes the primary disability category, with disability payments (as recoded) a residual category (i.e., disability payments from other sources).

Work Related Income

The first three sources considered in Table 5.1 are steady job, temporary job(s) and unemployment insurance. These reflect the extent to which the homeless person participated (or had recently participated) in the labor force. Only 3 percent of the homeless reported having a steady job, but this source of income garnered more income than any other. The average estimated for this source was $366 ± $34. Although the job was reported as steady, it apparently paid very little ($2.11 per hour, if full time), suggesting that such employment was part time work in marginal occupations[5].

Temporary jobs were the usual form of employment for the homeless. Nearly a third (31.5 percent) reported income from some sort of temporary job. A common example of such jobs was selling newspapers on a street corner. The income gained from such sources was small, only $72.60 a month, or a little more than two dollars a day, yet such income accounted for 16% of the total income received by the homeless.

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[4] In the survey, respondents were asked whether they received "any money from SSI (not including old age pension)"; "any money from Social Security or other old age pension or veterans benefits"; and "any money from disability payments or workmen's compensation." Although the distinctions are made clearly enough, these programs are so designed that it is possible to be receiving funds from two or all three at the same time. Of those receiving SSI, 23.1 percent reported receiving funds from Social Security (or other pension programs), and 20.4 percent reported receiving disability payments. Similarly, of those receiving a pension, 23.5 percent reported receiving SSI payments and 24.7 reported receiving disability payments. The overlap was greatest for those receiving disability payments where 33.3 percent reported receiving SSI and 39.4 percent reported receiving some sort of pension. The overlaps are entirely accounted for by the links between receiving a pension and receiving disability payments. Apart from this link, there was no overlap between receiving SSI benefits and receiving disability payments.

[5] Current legislated minimum wage rates are $3.50 per hour. Unless many of the homeless were being paid at illegally low wage rates, many of these jobs were most likely part time.

A small percentage of the homeless (2%) reported receiving unemployment insurance benefits, but the amount received is very small, estimated at $25.33 per month. The smallness of this figure suggests that those receiving unemployment insurance had very low paying jobs before they were laid off or were reporting payments received at the tail end of their benefit periods.[6]

In summary, the regression analysis suggests that nearly two thirds of the homeless in Chicago were not and had not recently been a part of the labor force. The 37% who could be considered a part of the labor force were clearly marginal participants.[7]

Pension and Disability Income

A small portion of the homeless were out of the labor force (or only marginally involved in the labor force) because of disability or retirement. Three percent reported receiving pensions (without concomitant disability benefits), and the average monthly income from this source is estimated at $279. Another 6% reported receiving SSI payments, and these averaged $251 per month. A small portion (2%) received other forms of disability. Payments to this group were somewhat higher, averaging $346 per month. As noted earlier, a small percentage in each disability group reported receiving pensions as well as disability payments.

The low proportion of homeless reporting disability and pensions as sources of income is likely a function of the relatively generous levels of benefits available under the programs involved. A generous benefit level enables beneficiaries to purchase shelter, food and other necessities at market prices. To be sure, such accommodations may be below average in quality and quantity but nevertheless still preferable to what was available to the homeless in the best of shelters.

Approximately 11% of the homeless received a pension or disability benefits, but the income received by this group amounts to 21% of the total income that the homeless collectively received. Among the homeless, they and the few with a steady job were the best off financially. Most of the homeless had to make do with far less income than these two groups received.[8]

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[6] Current minimum unemployment benefits in Illinois are about $70.00 per week.

[7] An important implication of this finding and of the occupations held as last steady jobs (Chapter 4) is that there is little or no evidence in this survey that individuals with middle, much less high paying incomes who had been laid off during the recession of the early 1980s were a discernible group among the homeless of Chicago. Homelessness was a condition experienced by those who had been on the boundaries of the labor force.

[8] Note that the payment levels reported are on the low side of the range of payments afforded under most disability programs. What this may mean is that persons who were awarded full disability benefits were by that fact enabled to avoid homelessness. Disability payments of from $400 and upward may make it possible for persons to purchase housing at market rates. In contrast, those receiving marginal pensions may not have been able to obtain market housing.

Income from Welfare Programs

Two major forms of welfare assistance are available for the homeless. A few, mainly those with dependent children, can apply for Aid to Families with Dependent Children (AFDC). Most of the homeless, because they are either single or separated or do not have children dependent on them, must apply for General Assistance (GA) if they are to get any money under welfare programs. (The main exceptions are those who are eligible for other programs such as disability or veterans' benefits.)

A sizeable portion, 22%, reported receiving GA benefits, in an amount estimated at $131 per month. These payments were smaller than pension and disability payments, but, as we shall learn in Chapter 7, they are sufficient to provide the homeless with considerable relief from the stress of their condition. It should be noted that then current maximum payment levels for General Assistance was $154.00 per month.[9]

A smaller portion, 6%, of the homeless received AFDC, reflecting the fact (See Chapter 4) that few of the homeless interviewed had children who were directly dependent upon them; most were unattached individuals, who had no support responsibilities for young children.[10] The benefits received by AFDC recipients were higher, averaging $247 per month. But, of course, this income must support two or more family members, and so may be effectively no greater than the benefits received in the General Assistance program.

Income from Family and Friends

In chapter 9 we will see that for the most part the homeless were quite isolated, having low levels of contact with kin and friends. But some did maintain contacts with family and friends and appeared to draw upon them as a resource network for securing additional funds. About 10 percent of the homeless reported receiving income from family during the past month, but the amount received was, on average, very small, $17. Similarly, 16% reported that they had received income from friends, in small amounts, on average no more than $15. It is clear that the homeless relied on family and friends for very little assistance.

Income from Charity

Nearly a fourth (24%) of the homeless engaged in panhandling, but the average income received from this source was very small, about $7.00 per month. This estimate may be low, because some of the homeless may have reported income obtained through panhandling as income received as gifts or from friends. Ten percent reported receiving income in the form of gifts, and the average amount,

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[9] The discrepancy between the GA payment levels and the reported amount of GA benefits received is a function partially of the method of estimation and partially due to the fact that some recipients had not been on the program for a full month and some were receiving less than the maximum allowable payments.

[10] To be eligible for payments, applicants must take responsibility for support of young children living in the same household. Thus the only homeless persons eligible for ADC were those who had young children who were homeless with them.

$56, was considerably larger than the amount associated with handouts. It may be that larger donations were called gifts.

Income from Other Sources

The homeless sometimes had or obtained (we do not know how) goods they could sell or trade. If the goods were sold entirely for cash, the source of income was coded as employment (in the sense that selling goods is a temporary job), but if the goods were traded for other goods, with some amount of cash received as well, the source of income was coded as swapping or trading. About ten percent of the homeless engaged in such activity, and the average cash received from such trades amounted to $74 per month. This method of obtaining income was about as lucrative as receiving gifts, but not quite as lucrative as gaining money from "other" sources (i.e., sources other than the ones listed above[11]), where the average income was $117 per month.

Distribution of Total Income

If we consider all the income received by the homeless in the course of month, and allocate it among various sources, we obtain the distribution shown in Table 5.2. In this table, swapping or trading has been combined with jobs and unemployment insurance to form the first category, economic activity. The remaining categories are as described above. Welfare was the largest source of income for the homeless, followed closely by economic activity. Pensions and disability payments formed the third major source of income for the homeless. These three sources accounted for 80 percent of the income received by the homeless of Chicago.

Table 5.2

Proportions of Total Income By Source

Source	Percent of Total Income
Economic Activity	29.0
Pensions and Disability	21.0
Welfare	30.2
Family and Friends	2.9
Charity	5.1
Other	11.8

How the Homeless Get Income

Although the homeless received income from many sources, it is clear from Table 5.1 that the amount generated by each source is quite variable. Many of the homeless

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[11] Unfortunately, our interview did not probe into the nature of these "other sources" and it would be useless to speculate about their content.

(46.3 percent) needed to (or at least chose to) use two or more sources of income just to get by. In this section, we divide the homeless into four broad categories that represent both the kinds of income the homeless received and the use the homeless made (or failed to make) of the financial resources available to them. We then consider a number of factors that appear to affect membership in the four categories.

Regular versus Occasional Income

A useful approach to the classification of the fourteen sources of income shown in Table 5.1 categories is based on a distinction between "regular income" and "occasional income". Regular income is income that is received each month, usually without fail. It is a source one can plan on having. Having a steady job is a source of regular income, but temporary jobs are not. Receiving unemployment insurance, a pension, disability payments, or welfare are also sources of regular income. Money from temporary jobs, trading or swapping, family, friends, gifts, handouts, trading or swapping, and from other sources are classified as occasional income, because generally the amounts and timing of their distribution are irregular.

The four categories generated from the distinction between regular and occasional sources of income are: a) no income (i.e., neither regular nor occasional); b) occasional income only; c) regular income only; and d) regular income supplemented with occasional income.

Being without income was probably a rare and temporary condition for the homeless. Receiving only occasional income may have been a temporary condition for some homeless (e.g, waiting while an application for General Assistance or AFDC benefits is processed), but for others it may have resulted from the failure to find or retain employment or welfare. For any of a number of reasons that we will consider shortly, some of those who reported a regular source of income appeared to feel the need to get more by making use of occasional sources, while others appeared reluctant or unable to engage in further income seeking activities.[12]

Table 5.3 shows how many of the homeless were found in each of these categories and how much income on average they received. Those with no income (17%) were obviously the worst off among the homeless, but those with occasional income only (42%) scarcely did better, since they received, on average, only $120, or $4 per day. Those with only a regular source of income (22%) received twice as much, $240 in the past month; and those who supplemented regular income from occasional sources (19%) made approximately $50 more, receiving a total of $291.

Profile of Income Sources

Table 5.4 shows the subgroups within the homeless population that varied significantly in their distribution across the four sources of income. The first column in

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[12] The phrasing of this sentence appears to imply that we are reading into the behavior of the homeless the motivations to engage in this behavior. That is not our intention. The full and proper phrasing would be that persons are acting "as if" they were motivated in the directions indicated. For editorial purposes, we use the easier phrasing.

Table 5.4 gives the percentage within each subgroup who reported no income from any source. The next column shows for each subgroup the percentage of those who reported some income but received their income from occasional sources only. The third column contains the percentages who reported only receiving a regular source of income. The last column shows for each subgroup the percentage of those who reported a regular source of income and supplemented that income from occasional sources.[13]

Table 5.3

Average Income Received from Combinations of Regular and Occasional Sources

	Source of Income			
	None	Occasional only	Regular only	Regular and Occasional
Average Income Received in Past Month	$0.00	120.27	240.24	291.28
Percent of Homeless in Each Group	16.6	42.2	22.5	18.7

No Income versus Some Income. For all subgroups of the homeless a small percentage (17%) reported receiving no income. The percentage who received no income varies somewhat among the subgroups shown in Table 5.4, but the variation has no regular pattern.

We know very little from our survey about how a small percentage of the homeless managed to live without any cash income during the month previous to the interview. We do not know whether that month's cash income was unusually low for the persons involved and hence simply represents a low point in an income flow that was usually close to a trickle. Of course, it is quite possible to get by on a very minimal level without any income. Given the availability of shelters and food kitchens, it is quite possible for persons to get food, clothing, and shelter fairly regularly. Such a pattern would necessarily mean having none of the goods and services, such as transportation, soft drinks, cigarettes, and toilet articles, that are not dispensed directly by charity. Life without any income would be austere indeed. It is also possible that persistent "no's" to queries about individual sources of income followed by a "none" to the question "how much money have your received in the past month" may have been a polite way for some respondents to decline to answer questions about what to some is a sensitive topic. Unfortunately, there is no way to tell from the survey itself whether any of the 17% who reported no income were avoiding disclosure, having just experienced a bad month, or actually got by entirely on in-kind charity benefits.

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[13] In other words, each column in Table 5.4 represents one side of a contrast: a) no income versus some income for all the homeless; b) occasional income versus regular income for the homeless reporting some income; and c) regular plus occasional income versus regular income only for those receiving regular income. Only one side of each contrast needs to be considered, because a relationship found for one side will be found equally, but in the opposite direction on the other side.

Table 5.4

Subgroups with Significant Variation in Sources of Income

Subgroups	Percent Having These Sources of Income: None	Occasional only	Regular only	Regular and Occasional
Sample Type				
Street Sample	16.6	59.1	48.7	51.3
Shelter Sample	16.5	46.0	56.5	43.5
Age				
24 or Younger	20.7	56.5	50.0	50.0
25 - 34	12.5	50.3	44.2	55.8
35 - 44	25.7	53.7	49.7	50.3
45 - 54	12.6	47.4	61.5	38.5
55 or Older	10.1	46.9	65.6	34.4
Sex				
Male	15.8	53.0	51.3	48.7
Female	18.9	35.4	61.1	38.9
Race/Ethnicity				
White	18.7	52.9	59.8	40.2
Black	13.8	44.2	51.9	48.1
Hispanic	21.3	50.3	56.0	44.0
Other	15.4	72.3	37.7	62.3
Months Homeless				
One or Less	13.7	38.2	64.0	36.0
2 - 3	14.7	45.6	50.2	49.8
4 - 12	14.0	58.3	48.2	51.8
More than a Year	20.4	52.5	55.6	44.4
Psychiatric Hospitalizations				
None	17.2	52.4	60.2	39.8
One or More	14.2	43.9	36.4	63.6
Was in Detox Progrm				
Yes	10.4	50.6	42.4	57.6
No	19.6	50.6	60.7	39.3
Was in Prison or Probation				
Yes	10.7	47.6	40.8	59.2
No	19.3	52.0	61.9	38.1
All Groups	16.6	50.6	54.5	45.5

Occasional Income versus Regular Income. Here we consider those who did report income from one or more sources and ask whether there are factors which can discriminate between those who have a regular source of income and those who must rely solely upon occasional sources. Table 5.4 gives for each subgroup the percentage reporting only occasional sources of income. With this dichotomy, differences are more pronounced, and explanations of observed differences spring more easily to mind.

Shelter users were less likely to depend solely on occasional sources of income, and consequently more likely to have had a regular source of income. Those in the street sample were considerably more likely to have used occasional sources only (59% versus 46%). The various services offered by some of the shelters includes assistance in making application for General Assistance, AFDC, disability and other benefits. Also, those who used the shelters were probably inclined to make use of governmental services of all kinds, including funding sources.

Restriction to occasional sources of income decreased with age, almost uniformly. The youngest group, 24 or younger, were most likely to use occasional sources only (57%), while the oldest group, 55 or older, were the least likely (47%). The relationship implies that the receipt of regular sources of income increased with age. This may have been due to increased eligibility for pensions and disability programs with age. It is also likely that older persons had less difficulty qualifying for General Assistance than the younger homeless.[14]

There is a large disparity between men and women in reliance on occasional sources. Men were one and a half times more likely to make use only of occasional sources (53% versus 35%). Women perhaps had more funding opportunities available to them, and they may also have had an aversion to seeking opportunities for a few dollars here and there out on the street.

Blacks were least likely to rely solely on occasional sources (44%), whereas the "other" group (mostly native Americans) were the most likely to be in this category (72%). Whites and Hispanics were between these two extremes, with 53% and 50% reporting income from occasional sources only. Homeless blacks appeared to be more willing and/or able than other groups to make use of governmental programs for financial assistance.

The percentage relying on occasional sources of income increased steadily with the duration of the current episode of homelessness, but dropped off somewhat when the time homeless passed one year. It is likely that those who found regular sources of income, such as AFDC or disability benefits, did not stay homeless very long. Their departures may have accounted for the increase in the percentage with no regular source of income. But those who had been homeless for a very long time were more likely to have disabilities, such as mental illness or physical handicaps, and for this reason the percentage with no regular source of income began to drop off with increasing age.

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[14] New applicants for General Assistance must go through an evaluation session to determine their eligibility for job training or "workfare". Younger applicants may find all this more burdensome than older applicants who with age have become more patient, and less willing to "hustle" a living on the street.

Those who have been hospitalized for mental illness illustrate this point. They were less likely to report only occasional sources of income than those who had never been hospitalized (44% versus 52% Some of them, of course, were receiving SSI. On the other hand, having been in a detoxification program made no difference at all in the probability of reporting only occasional sources of income, and exposure to the criminal justice system had only a slight effect, reducing the probability of reporting only occasional sources of income from 52% for those who had never been in prison or on probation to 48% for those who had.

Regular plus Occasional Income Versus Regular Income Only. Those who made little use of shelters (the street sample) were more likely to supplement their regular incomes with money from occasional sources than were shelter residents (51% versus 44%. That is, the shelter residents were more likely to make do with the regular income they received. One reason may be that, by using the shelters, their cash purchases, in particular for food and shelter, may have been lower. Hence, those who chose to stay on the streets (or in public buildings) appeared to need more income than those who made use of the in kind services offered to the homeless in shelters.

Supplementing regular income from occasional sources declined with age. Roughly half the respondents aged 44 or less supplemented their incomes, but only a third of those 55 or older engaged in the activities required to generate income from occasional sources. The older homeless appeared to be able to make do with less, and seem unwilling or unable to "hustle" for more. This may be because increasing age made it difficult for the older homeless to engage in panhandling, or work at the temporary jobs available.

Whites had the least interest in supplementing their incomes. Only 40% reported income from both regular and occasional sources. Hispanics made greater use of occasional sources (44%), blacks, slightly more (48%) and, "other" racial/ethnic groups showed the highest proportion (62%), supplementing their incomes.[15]

Income supplementing behavior increased with the duration of the current episode of homelessness, but fell off again among those who had been homeless more than a year. Starting at 36%, it rose to 52% for those who had been homeless 4-12 months, and fell back to 44% for those who had been homeless more than a year. The increase may be attributable to the departure from homelessness of those with the best prospects for getting work. The fall off probably reflected the concentration among the inveterate homeless of those who were older and disabled.

Income supplementing behavior was quite characteristic of those who had been hospitalized for mental illness (64% versus 40% for those never hospitalized); for those who had been in a detoxification program (56% versus 39%); and for those who had been in prison or on probation (59% versus 38%). Some individuals in these groups may not have been able to manage money well; others may have had needs that far exceeded what regular sources of income for the homeless could provide.

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[15] The homeless in the "other" group were high users of occasional sources of income, whether they were receiving a regular income or not.

General Assistance and AFDC

It should be possible for nearly all of the homeless to obtain financial assistance from governmental programs, chiefly General Assistance and AFDC, but also SSI and other disability programs. In fact, however, only a minority (roughly, one third) of the homeless were receiving income from these sources -- 22% from General Assistance, 6% from AFDC, 6% from SSI and 2% from disability payments, or less than 36% overall because of overlap among the sources.

In this section, we will estimate how many of the homeless in Chicago were probably eligible to receive payments from the two largest welfare programs, General Assistance and AFDC; and, of those who were eligible, how many applied for benefits; and of those who did apply, how many received them. This section also considers which subgroups of the homeless population were more likely than others to be eligible for General Assistance benefits, to apply for them, and/or to receive them.

Access to General Assistance

Participation in income maintenance programs was measured by self-reports. The homeless were asked whether they currently received income from General Assistance. In Phase II, two additional questions were asked: First, had they ever applied for General Assistance; and second, for those who said they had applied, whether they had received payments, were turned down, or whether their applications were still pending. The analysis below is confined mainly to Phase II respondents.

Using the responses to these questions we divided the Phase II sample into six groups. The first group consists of those who had successfully applied for General Assistance benefits and reported receiving them in the past month. In the second group are those who had received payments sometime in the past, but not presently. The third group consists of those who had applied but were turned down. The fourth group comprises those whose applications were still pending. The fifth group consists of those who ostensibly were eligible for benefits (ostensible eligibility is defined below), but did not apply. In the sixth group are the rest of the respondents who gave usable answers[16], but did not apply for benefits and did not appear to be eligible for benefits.

The sixth group in effect removes from the category "did not apply" all those who met the following criteria: (1) those who received AFDC, SSI, pensions, or other disability payments during the past month; (2) those who reported having a steady job during the past month. These criteria are not able to identify all who would be ineligible for General Assistance benefits, were they to apply. But they make use of the limited data available to us to exclude obvious ineligibles from the group of those who did not apply for benefits (group 5). The fifth group probably still includes some who would not be eligible to receive benefits, but given the low incomes reported by the homeless it is doubtful that this subgroup is appreciably large.[17]

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[16] That is, they did not refuse to respond or did not give a "don't know" response to the questions about applying for benefits.

Table 5.5 shows how many of the homeless fell into the groups described above. Of the 345 usable responses, 89% were in the first five groups. That is, the vast majority of the homeless appear to have been eligible to receive General Assistance Benefits, or at least one reasonably could encourage them to apply for benefits. Of these 71% had applied for General Assistance. Of those who had applied, 8% had applications still pending; 24% had been turned down; and 68% had been accepted. Of those who were accepted, 53% received benefits in the past month.

Although a sizeable minority of those who might be eligible to receive General Assistance benefits (29%) had not applied for them, it is clear that most of the "eligible" homeless have had contact with the program, and most of those who applied were accepted. But receiving General Assistance benefits appears to be a rather transitory condition. Nearly half of those who received benefits at one time in the past were no longer receiving them.

Table 5.5

Estimated Percentages of the Chicago Homeless Eligible and Applying for General Assistance
[Phase II Only]

Access Category	Percent	Number in Category	Sample Size
Ostensibly Eligible	88.7	306	345
Eligible and Applied	70.6	216	306
Applied, Application Pending	8.3	18	216
Applied, but Turned Down	23.6	51	216
Applied and Received Assistance	68.1	147	216
Assistance Received in the Past Month	53.1	78	147

These findings appear to point out an important weakness in the General Assistance program, namely that it does not retain homeless persons in the program, clearly among those who are chronically in need of support. Whether this weakness is attributable mainly to the public welfare organizations that administer GA or mainly to the inability of the homeless to meet all the requirements for eligibility or the rules concerning reports and claim filing, we cannot discern from our data.

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[17] Regulations concerning eligibility for General Assistance include short residence requirements, but mainly emphasize the absence of income or liquid assets. The main barriers to eligibility among the homeless in our sample are employment earning more than $154 per month or payments from other welfare or entitlement sources. In addition, to maintain eligibility, GA clients may have to participate in job programs and/or give evidence of job seeking.

Access to Aid to Families with Dependent Children

Access to this program was analyzed in the same way as access to General Assistance. First, the same six groups were formed: (1) those who received AFDC benefits in the month before the survey; (2) those who had received AFDC benefits sometime in the past, but not in the month before the survey; (3) those who had applied for AFDC benefits and had been turned down; (4) those whose application for AFDC benefits was still pending; (5) those ostensibly eligible for benefits who had not applied; and (6) those who had not applied but were considered ineligible for AFDC benefits.

The criteria to determine membership in the sixth group, the ineligible, were: a) currently receiving General Assistance, SSI, pensions or disability payments; b) holding a steady job; and c) not homeless with children. The last criterion is rather stringent, since most of the homeless contacted in the survey were homeless alone.

Table 5.6 shows how the groups were distributed. Of the 346 homeless who gave usable responses, 20% were ostensibly eligible. Of these 96% had applied for AFDC. Of those who had applied, one application (2%) was still pending; 18% percent) had been turned down; and 81% had been granted. Of the latter. 48% had received benefits in the past month. As with General Assistance, it appears that eligible homeless applied for and got AFDC, but few remained in the program. It may be, however, that many of those who had received benefits in the past have become separated from their families and are not presently eligible to receive benefits.

Table 5.6

Estimated Percentages of the Chicago Homeless Eligible and Applying for AFDC Benefits

Access Category	Percent	Number in Category	Sample Size
Ostensibly Eligible	20.2	70	346
Eligible and Applied	95.7	67	70
Applied, Application Pending	1.5	1	67
Applied, but Turned Down	17.9	12	67
Applied and Received Assistance	80.6	54	67
Assistance Received in the Past Month	48.1	26	54

Factors Affecting Access to General Assistance Benefits

The Phase II survey data allow us to address four questions[18] about access to General Assistance benefits:

1. Who among the homeless are more likely to be eligible to receive GA benefits than others?
2. Who among those eligible for GA benefits are more likely to apply than others?
3. Who among those applying are more likely to be turned down than others?
4. Who among those who have been accepted for GA benefits are more likely to be currently receiving them than others?

Table 5.7 provides partial answers to these questions. It shows a number of subgroups of the Chicago homeless with statistically significant variations in membership in the six groups identified above. A separate column appears in the table for each of the four questions stated above. The first column shows the percentage in each subgroup that were ostensibly eligible to receive GA benefits. The second column pertains to those who were ostensibly eligible, and provides the percentage in each subgroup who had applied for General Assistance. The third column gives for those who applied for benefits the percentage in each subgroup that were turned down. The fourth column gives for those who were accepted, the percentage in each subgroup that received GA benefits during the month before the survey.

Sample Type. Shelter users were somewhat less likely to be eligible than those who were in the street sample (88% versus 92%), probably because parents with children were more likely to be in a shelter. These would have received AFDC benefits rather than General Assistance. Eligible shelter users were more likely to have applied for General Assistance (76% versus 55%), probably because, as noted earlier, shelters often provide assistance to residents in applying for benefits. Shelter users were also less likely to be turned down when they applied (21% versus 41%); and they were more likely to be currently receiving benefits (57% versus 35%).

Age. Although statistically significant, the variation in access to General Assistance benefits by age is probably not of consequence by itself, but reflects the different mix in each age group of other factors more directly related to access. In addition, the patterning of age differences is not easily interpretable.

Gender. One expects significant gender differences because many homeless women who had their children with them were eligible for AFDC. The largest difference was found in eligibility; women were, as expected, less likely to be eligible than men (73% versus 94%). But of those eligible, women were more likely than men to apply for benefits (80% versus 68%). They were somewhat less likely to be turned down when they did apply (21% versus 27%), and slightly more likely to be currently receiving benefits (57% versus 52%).

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[18] These questions should also be asked about access to ADC benefits, but there were so few homeless eligible for ADC in our sample (70 in all), that we are not able to provide reliable numbers for this group.

Table 5.7

Subgroups with Significant Variation in Qualifying for, Applying for, or Receiving General Assistance

[Phase II Only]

Subgroup	Percent Ostensibly Eligible	Percent Applying for GA	Percent Turned Down[a]	Currently Receiving Assistance	Sample Size
Sample Type					
Street	92.0	55.0	40.9	34.6	87
Shelter	87.6	76.1	21.4	57.0	258
Age					
24 or Younger	81.0	70.6	27.8	53.8	42
25 - 34	81.8	70.7	21.3	51.4	88
35 - 44	95.1	67.5	31.3	54.5	81
45 - 54	98.4	75.0	19.0	64.7	61
55 or Older	85.1	68.4	31.6	42.3	67
Sex					
Males	94.1	67.9	27.2	51.8	255
Females	73.3	80.3	21.3	56.8	90
Months Since Last Steady Job					
One or Less	55.6	80.0	24.9	33.3	18
2 - 3	93.3	35.7	60.0	50.0	15
4 - 12	96.3	55.8	28.6	46.7	54
More than a Year	88.8	76.5	23.3	54.1	249
Was in a Detox Program					
Yes	91.3	76.8	18.6	54.4	104
No	87.6	67.8	29.7	52.2	241
All Groups	88.7	70.6	25.8	53.1	345

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[a] Pending cases removed.

Months Since Last Steady Job. Being out of work ordinarily makes one eligible for General Assistance. However, among those recently unemployed (one month or less since holding last steady job) only 56% were eligible because this group contains 9 homeless who currently had a steady job. Setting these aside, we find that those who had been without a steady job for a year or less were very likely to be eligible (96%), while those who had been unemployed for more than a year were somewhat less likely to be eligible (89%). The long term unemployed were more likely to be excluded because of pensions and disability than the short term unemployed. In short, the long term unemployed were less likely to be eligible than the more recently unemployed.

By and large, the percentage of those eligible applying for benefits increased with the number of months since last holding a steady job.[19] There appears to be no variation by months without a steady job in the percentage of applicants turned down.[20] Those who have been a month or less without a steady job were less likely to be currently receiving benefits (33% as opposed to roughly 50% for the other groups), probably because the majority of this group made application only in the past month, and were not yet fully in the system.

Treatment for Substance-Alcohol Abuse. Those who have been in a detoxification program were more likely than others to be eligible for General Assistance, since persons in this group were quite likely to be without families and to have had a poor work history. But the difference was not large (91% versus 88%). A larger difference was found in their propensity to apply for GA benefits (77% versus 68%; and they were less likely to be turned down when they did apply (19% versus 30%); but they did not differ appreciably from others in the percentage currently receiving benefits (54% versus 52%). As with shelters, detoxification programs may have assisted their clients in applying for GA benefits.

Summary

The average monthly income of the Chicago homeless was $168, but half of the homeless had monthly incomes less than $100. Economic activity, including occasional jobs and trading and swapping goods accounted for 29% of the income the homeless received. Pensions and disability benefits accounted for 21% and welfare payments from General Assistance and AFDC accounted for 30% of the total income received by the homeless. The remaining 20% came from family and friends (3%),gifts and handouts (5%), and other sources (12%).

Approximately 41% of the homeless had at least one "regular" or dependable source of income, such as a steady job, a pension, or welfare benefits. Another 42% had to rely on "occasional" sources of income such as picking up temporary jobs and receiving handouts or support from family and friends. The 17% remaining reported receiving no income during the month before the survey.

A regular source of income gave the homeless recipient an average monthly income of $240, well above the group average, while those who had to rely solely on occasional sources of income averaged only $120 per month. Despite their advantage, nearly half of those receiving a regular income supplemented it by drawing on occasional sources of income. These were able to increase their income to an average of $291 per month.

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[19] The very high percentage in the one month or less category is based on a sample of only 8 cases, too small to be reliable.

[20] The one aberration is in the 2 - 3 month group where 60 percent were turned down, but again the sample is too small to attribute meaning to this difference.

Attempts were made to predict the four major sources of income -- no income, income from occasional sources only, income from regular sources only, and income from regular sources supplemented by income from occasional sources. Reporting no income appeared to be randomly distributed among subgroups. Access only to occasional income was more likely among non-shelter users, the younger homeless, males, native Americans, and those who had been homeless more than three months. Ability to get regular income was most evident among shelter users, the older homeless, women, blacks, those who recently became homeless, and the chronically mentally ill. The tendency to supplement regular incomes from occasional sources was strongest among non-shelter users, the younger homeless, males, blacks and native Americans, those homeless for more than a month, and those who had been hospitalized for mental illness, enrolled in a detoxification program, or who had spent time in prison or on probation.

Access to General Assistance and AFDC was examined by dividing the homeless into six groups: (1) those who received (GA or AFDC) benefits in the month before the survey; (2) those who had received (GA or AFDC) benefits sometime in the past, but not in the month before the survey; (3) those who had applied for (GA or AFDC) benefits and had been turned down; (4) those whose application for (GA or AFDC) benefits was still pending; (5) those ostensibly eligible for benefits who had not applied; and (6) those who had not applied but were considered ineligible for (GA or AFDC) benefits.

The percentage eligible was about as expected, 89% for General Assistance and 20% for AFDC. The tendency to apply for benefits on the part of those eligible was strong, 71% for General Assistance and 96% for AFDC. Refusal rates were fairly low, 24% for General Assistance and 18% for AFDC, but only about half of those who received benefits received them during the past month. Although welfare benefits were sorely needed and the homeless who received them definitely benefit, they tended to be given for short periods. Approximately 36% of those who qualified for General Assistance were currently receiving benefits. However, the small percentage currently receiving AFDC (6%) may reflect the number of those who currently qualify, since many who qualified for AFDC in the past were now separated from their families.

Eligibility for General Assistance was most likely to be found among non-shelter users, males, the newly homeless (except those who had been homeless less than a month), and those who had been enrolled in a detoxification program. The tendency to apply for GA benefits was strongest for shelter users, females, first month and long-term (more than a year) homeless, and those who had enrolled in a detoxification program. Refusal of GA benefits to applicants was most likely for non-shelter users, and males. Acceptance was most likely for shelter users, females, those homeless more than a year, and those who had enrolled in a detoxification program. Those currently receiving General Assistance were most likely to be shelter users, the older homeless (except those 55 and over), females, and those homeless for more than a year.

CHAPTER 6

Health Conditions of The Homeless

The physical condition of the homeless has been a public policy concern for a number of reasons. To begin with, homelessness itself can generate poor health. There is undoubtedly a reciprocal relationship between physical illnesses and becoming or being homeless. Severe illnesses and their aftermaths may seriously impair individuals' earning capacities, thereby pushing some ill persons into the very low income classes and thus into homelessness. Reciprocally, the conditions of homelessness are, at best, minimally healthy and, more usually, undermining of good health. Those who live on the streets are subject to the vicissitudes of climate, substandard sanitation,, and numerous other illness-producing conditions. Those using shelters may be better off in many respects, but the dormitory conditions of many shelters make transmission of disease easy and facilities are far from optimal.

In addition, the homeless' access to health care is problematic. The kinds of household amenities that make personal hygiene and self-administered health care easy are simply not available to the homeless. (If you don't have a medicine cabinet, access to bandages, antiseptics, analgesics and all the other household remedies, all become problematic.) Without funds, certainly much of private practice medicine is out of the question. Furthermore, although many of the homeless are eligible for Medicaid or low or no-cost medical facilities, there are problems in establishing eligibility and in finding ways of getting to the places where medical care is dispensed.

All of the above considerations lead one to expect the medical problems of the homeless to be serious and extensive and that the homeless would experience difficulty in obtaining needed medical care. The data presented in this chapter sustains those expectations.

The Physical Health Problems of the Chicago Homeless

The precise assessment of the health status of any population would require medical examinations, and is beyond the resources ordinarily at the command of social researchers. The best approximation to medical examinations are self reports, a procedure that may overlook many conditions that do not produce painful symptoms or incapacities. In addition, the medical conditions may be inaccurately or vaguely reported. Nevertheless, conditions that are painful or that hinder the full functioning of the individual are likely to be reported.

The Chicago Homeless Survey used two approaches in ascertaining the health status of individuals. In Phase I, we asked those interviewed whether or not they were subject to medical conditions that impaired their ability to work.[1] In Phase II, we asked for a global health rating,[2] an approach that had been used in several health status surveys of homed populations and hence provided a comparative framework for interpreting findings.

Table 6.1 presents the findings on self reported health status, as measured in the Phase II survey. About one in five homeless (18%) reported themselves to be in "excellent" health, with an additional 46% reporting "good" health. If we take these two answer categories as reports of at least the absence of serious impairments to functioning, about two out of three (63%) of the Chicago homeless reported themselves to be in that condition. Homeless persons reporting "fair" (25%) or "poor" health (11%) total more than one in three (37%).

Because self assessments of health status have been obtained from the homed, it is possible to compare the Chicago homeless with a national sample of American adults, as shown in the last line of Panel A. A 1982 national survey sponsored by the Robert Wood Johnson Foundation found only 18% of American adults who claimed "fair" or "poor" health status, about half the level found in the Chicago homeless. Clearly, Chicago homeless reported considerably lower health status levels than the homed. Nor are the Chicago homeless likely to be different in health status from the homeless in other cities: A recent report (Robertson and Cousineau, 1986) of a survey of Los Angeles homeless claimed 34% reporting their health as "fair" or "poor".

Table 6.1 also contains some data on the relative health status of subgroups among the homeless: Although the homeless interviewed in shelters did not differ significantly from those interviewed "on the streets", as shown in Panel A, there were some strong differences by age. Men and women homeless over 40 reported high levels of "poor" and "fair" health (46% and 36%) respectively, when compared to their under 40 counterparts (28% and 29%). Note, however, that all age groups reported lower levels of health status than the 1982 national sample.

An alternative approach to the measurement of health status was used in the Phase I survey in which the homeless were asked whether they had some health condition that prevented them from working. The resulting data are shown in Table 6.2. Overall, about one in four (28%) reported having conditions that prevented them from working. Although this is a lower level of ill health than measured by self reported health status, as in Table 6.1, it is of the same magnitude.[3] Taking the two measures together, it appears that about one in three homeless have some degree of poor health, with about one in four being sick enough to be unable to work.

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[1] The question asked was "Do you have any serious illnesses or physical conditions that prevent you from working?" This was followed by "What are your serious illnesses or physical conditions?"

[2] The item used in Phase II was: "Would you say your health, in general, now is excellent, good, fair, or poor?"

[3] Robertson and Cousineau (1986) report a similar level (21%) for the Los Angeles homeless interviewed on food kitchen lines, shelters and in "parking lots".

Examining the age and gender differences, as in Panel A of Table 6.2, it appears that men reported higher levels of disabling illnesses than women, with the lowest level reported by women over 40. However, due to the small numbers of homeless in each group, these differences were not statistically significant.

Table 6.1

Self-Reported Health Status
[Phase II Only]

A. Health Status by Subsample

Health Status	Street Sample	Shelter Sample	Weighted Total
Excellent	16.9	18.2	17.9
Good	38.2	48.1	45.5
Fair	30.3	23.6	25.4
Poor	14.6	10.1	11.2

	Chicago Homeless	National Sample[a]
Fair & Poor Combined	36.6%	18%

Note: Shelter-street differences not significant.

B. Health Status by Gender and Age

Health Status	Under 40		Over 40	
	Males	Females	Males	Females
Excellent	24.0	24.4	10.2	19.9
Good	47.9	46.7	43.1	44.5
Fair	20.7	26.6	29.9	22.3
Poor	7.4	2.2	16.8	13.3

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[a] As reported for the adult US population (1982) in R W Johnson Foundation Special Report, 1, 1983. Contrast would be even greater if standardized for age and gender distribution differences.

A follow-up question asked the Phase I homeless sample who claimed to have a disability what was the nature of the disability that prevented them from working. The answers given are shown in Panel B of Table 6.2. These answers were coded into a set of categories that recognized the more frequent and significant complaints and placed vague and uninterpretable responses in a residual category entitled "other complaints". Exactly how much credence can be given to these categories is difficult to assess. Most likely specific conditions, such as diabetes or hypertension, were more accurately reported than such vaguely stated conditions as "heart trouble" or "bad stomach", the latter being subsumed, respectively, under "circulatory disorders" and "gastro-intestinal disorders".

Table 6.2

Self Reported Incapacitating Illnesses
[Phase I Only]

	Under 40		40 & Over		
	Males	Females	Males	Females	Total
A. Prevalence of Incapacitating Illnesses					
Percent Reporting Illness Prevents Employment	28.0	21.6	33.2	15.0	28.3
B. Types of Incapacitating Illness					
Mental Illness	33.8	26.3	9.3	25.3	25.0
Hypertension	1.3	5.3	34.9	16.7	17.0
Arthritis	9.1	0.0	22.1	8.3	13.5
Other circulatory disorders	0.0	5.3	22.1	25.0	11.5
Alcohol or drug abuse	7.8	0.0	16.3	0.0	10.0
Nervous System disorder	2.6	42.1	8.1	8.3	9.0
Trauma (wounds, cuts, breaks, etc.)	15.6	15.8	2.3	8.3	9.0
Gastro-intestinal disorders	0.0	0.0	8.1	8.3	4.0
Diabetes	0.0	0.0	3.5	16.7	2.5
Other conditions	42.9	26.3	36.0	50.0	40.5

The specific complaints are listed in the order of declining frequency in Panel B of Table 6.2. Overall, the most frequent specific complaint was "mental illness", acknowledged by 25% of the homeless as their incapacitating condition. (The prevalence of mental illness is discussed in greater detail in Chapter 7.) Unfortunately, we cannot tell from the responses the extent to which this (and other conditions) were the outcomes of self diagnoses or professional assessments. Occupying the second position in terms of frequency is hypertension, a condition that affected 18% of the homeless, especially persons over 40. The third most frequent condition was arthritis, reported by 14%, also a condition affecting more of the older homeless. The fourth most frequent incapacitating condition was "other circulatory disorders", affecting 12% of the homeless. "Other circulatory disorders" is a fairly vaguely defined category that covered complaints ranging from varicose veins to "heart trouble" to the residual effects of coronary attacks. The fifth most frequent incapacitating condition was alcohol and drug abuse, claimed by 10% of the homeless.

Each of the remaining specific complaints was reported by less than 10% of the homeless who were too ill to work. Note also the very large residual category, "other conditions", claimed by 40% of the homeless. These latter consisted of responses that were too vague to be coded as one of the above or referred to conditions that affected only one or two of the homeless.

All told, the data presented in this section, substantiates a characterization of the homeless as a population that overall reported a moderate level of healthiness, but contained a sizable minority with serious chronic conditions, some of which ordinarily require continual medical care and attention. Based on the self reports, it appeared that between a fourth and a third of the Chicago homeless have such conditions.

Access to Medical Care

Given the levels of medical care needs shown in the previous section, it is all the more distressing, however expectable, to find that the homeless had considerably below average access to medical care, as shown in Table 6.3. In a national survey, about nine out of ten homed persons (89%) reported that they had a medical care facility that they could go to for medical care and advice: In contrast, less than two out of three (63%) of the homeless had such a place or person. Of course, this does not mean that the homeless who did not have such a medical care facility to go to would not get medical care, if needed. The responses most likely meant that the respondent did not have a place or person that he or she went to customarily. Whether this was because the respondent had little or no familiarity through use with medical care, or because he or she was simply unaware of the opportunities for medical care that were available cannot be distinguished in our data.[4] Nevertheless, the fact remains that one in three of the Chicago homeless did not have in mind a place or person to go to for medical care.

Table 6.3 also shows the proportions of persons who did not see a doctor over the previous year. Almost one in three (30%) of the homeless did not go for medical care in the year previous. This contrasts sharply with 19% of a national sample shown in the last column of Table 6.3. The homeless used medical care less often than the homed, even though their health status was not as good.

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[4] There is some slight evidence that having recently used medical care increased the chance of having a customary place to go to for medical care. Among those homeless who used medical care over the previous year, 88% knew of a place or a person to go to for medical care, as contrasted to 73% for those who did not get any medical care over the last year.

The last line of Table 6.3 indicates that the homeless were much more likely to be unable to get medical care when they believed it was needed. More than one in five (22%) reported that there was at least one occasion when they needed medical care and could not obtain it. Note that this is almost four times the proportion of persons among the homed (6%) who could not get medical care when needed. Especially worrisome is the fact that those with self-reported fair or poor health were even more likely to have been frustrated in attempts to get medical care.[5] Clearly, the Chicago homeless were a medically under-served portion of the population.

Table 6.3

Access to Medical Care
[Phase II Only]

Access Indicator	Street	Shelter	Total	National Estimates[a]
Has person or place to go for medical care and advice	56.2	64.7	62.5	89.2[b]
Did not see a doctor in previous year	44.3	24.0	29.1	18.6
Needed medical care last year but could not get it	27.0	20.7	22.3	5.6

[a] As reported for adult US population (1982) in R W Johnson Foundation Special Report, 1, 1983. Contrasts would be even greater if standardized for age and gender distribution differences.

[b] Defined as "Families" who needed health care in previous 12 months and could not get care.

Note that the homeless interviewed in the street portion of the homeless survey were even more likely to be under-served than those encountered in shelters, having been less likely to have received medical care over the past year, less likely to have had a person or place to go to for medical advice and more likely to have been unable to obtain medical care when they needed it.

As might be expected, the homeless were not served ordinarily by the private practice sector of the health care service industry. When asked where they would go, if they needed medical attention, more than three out of four (76%) gave the name of a Chicago area hospital.[6] Hospitals and their emergency rooms are mentioned more than 6 times more frequently than their nearest competition, clinics, mentioned by 12%. (Of course, there is some confusion between hospitals and clinics, since some clinics, operating out of hospitals, are only nominally separate.) "Other" sources of medical care, consisting of pharmacies and sources that could not be coded elsewhere, were mentioned by less than one in ten (7%). Finally, at the bottom of the list in Table 6.4, were private doctors, mentioned by less than one in 20 (5%).[7]

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[5] Among those who characterized themselves as being in fair or poor health, 29% were unable to get medical care when they needed it, compared to 18% for those who considered themselves in good or excellent health.

Table 6.4

Where Homeless Would Go for Needed Medical Care
[Phase II Only]

Place Cited	Under 40		Over 40		
	Males	Females	Males	Females	Total
Hospital	74.7	71.4	83.1	67.1	76.4
Clinic	14.5	9.0	9.8	11.9	11.8
Other[a]	5.9	8.4	7.8	5.9	6.9
Private Doctor	4.7	10.8	2.1	5.4	4.6

[a] Includes pharmacies, and otherwise uncodeable responses.

Note that there were not many striking differences in sources of medical care by either age or gender. In every age-gender groups, hospital medical facilities far outstripped the nearest competitor.

As might be anticipated from the discussion above, hospitalizations were frequent among the homeless. Conditions for which bed rest might be prescribed for the homed can lead to overnight hospitalizations for the homeless. Indeed, as we can see in Table 6.5, Chicago homeless had hospitalizations that were at least twice that of the homed: Twenty eight percent of the homeless had a hospital stay lasting at least one over night period, compared to 15% of a national sample who experienced a medical emergency last year.[8]

Table 6.5 also indicates that one in four of those hospitalized did not receive needed post-hospitalization care, causing pain and discomfort to those so deprived. Especially striking was the poor post-hospitalization experiences of homeless persons who lived "on the streets": 48% did not receive needed post-hospitalization care as compared to 24% for all homeless persons.

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[6] The most frequently mentioned specific hospital was Cook County Hospital.

[7] Similar findings for a "sample" of the Los Angeles homeless were reported by Robertson and Cousineau (1986) with hospitals being cited by the vast majority.

[8] Of course, not all medica [illegible] gencies involved hospitalizations. Hence the ratio is likely to be even larger than th[illegible] cited in this paragraph.

Table 6.5

Hospitalizations and Post-Hospital Care
[Phase II Only]

Experiences with Hospitalization	Street Sample	Shelter Sample	Weighted Total	National Sample[c]
Overnight hospital stay last year	25.8	28.3	27.7	14.9[a]
Post-hospital care needed but not received[b]	47.8	16.4	24.0	NA
Lack of post-hospital care caused pain, discomfort or disability	88.9	90.9	90.0	NA

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[a] Proportion of US adults who had a "medical emergency" in previous year (1982).

[b] Most (91%) attempted to obtain post hospital treatment. Reasons for failure to receive such treatment were predominantly financial (62%).

[c] As reported for adult US population (1982) in R W Johnson Foundation Special Report, 1, 1983.

Summary

Our findings with respect to health and medical care documents that, compared to the general population, the Chicago homeless were considerably more in need of medical treatment and, at the same time, badly under-served by the existing medical facilities available to them. Between one in four and one in three had serious health conditions. Few of the homeless had doctors they could turn to, relying on hospitals and clinics for the health care that they received. Furthermore, many reported that they did not receive medical care when needed. Full care was also problematic with many reporting that needed post-hospitalization care was not obtained.

CHAPTER 7

The Mental Health Status of the Homeless

It is often argued that a major source of homelessness is the process of deinstitutionalization. Many persons with major and chronic mental illnesses such as schizophrenia and manic-depressive illness are no longer treated for extended periods of time in long term state institutions. They are now routinely released earlier to be treated outside mental hospitals in the open community. In addition, persons who might in a previous period have been admitted to mental hospitals for treatment are not admitted and instead are referred to local facilities for treatment. For many of the chronically mentally ill who are not in hospital, adequate services are not available in the community, or, if available, are often not used. The result is that many of the chronically mentally ill function in the community at so low a level that many become homeless (Lamb, 1984).

It has also been suggested that the homeless condition itself engenders anxiety and depression in those who otherwise would not be mentally ill. The end result of both processes, called selection and demoralization, is that between 45 and 90 percent of the homeless can be diagnosed as having some form of mental illness (Fischer et al., 1986; Bassuk et al., 1984). Indeed, as shown in Chapter 6, mental illness was cited by many of the Chicago homeless as a chronic condition that prevented employment.

Our concern in this chapter is with both aspects of the reciprocal relationship between homelessness and mental illness. We will consider first how being homeless affects the spirits of those in this condition. Then we will estimate how many of the homeless in Chicago appear to have entered this state with some form of chronic mental illness. In the third part of this chapter we will examine the treatment that the chronically mentally ill have received prior to becoming homeless. We will want to know particularly whether anything could have been done in the course of treatment to prevent chronic, mentally ill patients from becoming homeless.

Demoralization and the Homeless

Measuring Depression and Demoralization

The Phase II survey included six items drawn from the CES-D Scale, developed by the Center for Epidemiologic Studies at the National Institute of Mental Health, to measure levels of depression in community surveys. The scale relies on respondent self-reports (as opposed to ratings made by clinicians) to assess the extent to which feelings of depression are present in communities and in subpopulations of communities (Radloff, 1977). The scale quite accurately captures the presence of depressed symptoms, but it is not designed to discriminate among clinical subcategories of depression, such as major depression and minor depression; nor is it able to distinguish between primary depression (where depression is the diagnosis) and secondary depression (resulting from or accompanying some other mental illness). However, the scale can be used to identify persons requiring clinical intervention to treat their depression.

It has been suggested that high scores on the CES-D and other depression scales indicate, besides depression, a sense of demoralization (Link and Dohrenwend, 1980), i.e., a feeling of hopelessness and despair concerning one's prospects in the future, including the effects of neglect by social welfare organizations. The lack of institutional supports, especially if they are sorely needed, is thought to be sufficiently stressful to precipitate the physiological changes in the functioning of the brain that constitute a depressive disorder. If the homeless condition can be said to engender mental illness, demoralization would appear to be the most likely mechanism through which it has this effect, for the homeless lack the daily resources that others can take for granted.

There are 20 items on the full CES-D scale, as originally devised. They are designed to cover the following components of depressive symptoms identified in the clinical literature: depressed mood; feelings of guilt and worthlessness; feelings of helplessness and hopelessness; psychomotor retardation; loss of appetite; and disturbance of sleep. It was not possible in this survey to administer all 20 items. Instead a subset of six were selected. These six appeared to cover the range of depressive symptoms, and four of them seemed well suited to serve as indicators of the concept of demoralization described above.[1]

The items chosen had been reworded slightly by Elmer Struening, of the State of New York Psychiatric Institute for use in a study of the residents of shelters for the homeless in New York City. Dr. Struening's wording was largely retained so that in future analyses, comparisons could be made between shelter residents of New York and shelter residents of Chicago.

Responses to the items were recorded in terms of frequencies of occurrence, during the week previous to the interview, using the following response options:

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[1] The six items are listed below. Next to each is the wording that appears in the CES-D scale.

	Homeless Questionnaire	CES-D Scale
1.	Was your appetite so poor that you did not feel like eating?	I did not feel like eating; my appetite was poor.
2.	Did you feel so tired and worn out that you could not enjoy anything?	I felt that everything I did was an effort.
3.	Did you feel depressed?	I felt depressed.
4.	Did you feel unhappy about the way your life is going?	I thought my life had been a failure.
5.	Did you feel discouraged and worried about your future?	I felt hopeful about the future.
6.	Did you feel lonely?	I felt lonely.

The wording on the homeless questionnaire simplifies the language and the format of the questions. The interviewer asks the questions directly, instead of asking the respondent to react to a series of statements.

"never", "some of the time", and "most of the time".[2]

Comparisons with a National Sample

The CES-D scale has been used with many populations. Perhaps the best source of comparative data is HANES, the Health and Nutrition Examination Survey, conducted most recently by the National Center for Health Statistics between April 1971 and June 1974. This survey was designed as a national sample of 25 - 74 year olds. No attempt has been made in this comparison to match the Chicago homeless with the HANES national sample in terms of age, sex, and race. Earlier studies of depression have shown that most of the differences in depression that are associated with age, sex, and race disappear or are greatly reduced when income and social status are taken into account (Comstock and Helsing, 1976). Of course, the homeless are near the bottom of the income distribution, and on that account alone can be expected to have very high depression scores.

Table 7.1 compares the responses in the HANES survey to the responses in the survey of the Chicago homeless on the six items taken from the CES-D. The mean response for each group is shown in Table 7.1 together with the difference between the means. Each difference is statistically significant at the .05 level and each comparison shows that the homeless gave much higher levels of depressed responses than the national sample.

Physiological Symptoms. The smallest differences are found for the first and second items. These items, lack of appetite and feeling tired and worn out, tap the physiological changes associated with depression. They do not reflect demoralization as well as the other items. The differences between the two samples were .263 and .184 respectively.

High scores on these items suggest the presence of a mental illness that requires professional treatment. The relative number of such cases can be estimated from the percentage who report feeling these symptoms most of the time. In the national sample 3.0 percent reported a poor appetite most of the time, as compared with 9.8 percent in the homeless sample, a difference of 6.8 percent. In the national sample 8.2 percent felt most of the time that everything they did was an effort. In the Chicago homeless sample 14.7 percent reported that most of the time they felt so tired and worn out that they could not enjoy anything. The difference between the two groups is 6.5 percent.

Further analysis of these items showed that among the homeless, problems with appetite were significantly correlated with the number of times one had been hospitalized for mental illness (r = .16). A somewhat smaller correlation (r = .12) was found between number of times hospitalized and feeling tired and worn out. Respondents who appeared to be physically ill to interviewers also scored higher on these items than those who appeared healthy. The correlations were .18 for poor appetite and .15 for feeling tired and worn out. These correlations suggest that health problems and chronic mental illness may account for some of the differences between the homeless and the national sample on these two items.

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[2] An additional category, occasionally or a moderate amount of time, is provided in the CES-D (it is labeled "half the time" in the New York shelter study), but to simplify administration of the questionnaire, this response option was not offered to the Chicago homeless.

Table 7.1

Comparison of the Chicago Homeless and HANES Samples on Six CES-D Items
Phase II Only]

Item	Mean Score[a] Chicago Homeless (n=346)	HANES (n=3011)	Difference Chicago-HANES
1. Poor appetite	.562	.299	.263
2. Tired/worn out	.783	.599	.184
3. Depressed	1.072	.451	.621
4. Unhappy	1.449	.200	1.249
5. Worried about future	1.406	.892	.514
6. Lonely	1.113	.384	.729
Total	6.385	2.825	3.560
Projected[b] CES-D Scale Score	21.283	9.417	11.866
Adjusted[c] CES-D Scale Score	19.199	8.495	10.704

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[a] Computed by giving numerical values to each of the response categories, corresponding to those used in HANES.

[b] Projected for differences in the length of the scales used.

[c] Projected to compensate for differences in the items used.

Demoralization. The strongest differences between the Chicago homeless and the HANES national sample were found on the items which were most closely related to demoralization. Feeling unhappy about the way one's life is going showed the largest difference, as much as 1.25 points on a four point scale. Eighty-six percent of the respondents in the national sample said they never felt their life had been a failure, but only 25% of the Chicago homeless said they never felt unhappy with the way their life was going. It is clear that the homeless were generally quite dissatisfied with their condition.

The demoralization of the homeless showed itself with special strength in the three items measuring depression, loneliness, and worry about the future. The differences from the national survey for each of these items were fairly large: .62, .73, and .51 respectively. About two-thirds of the national sample (67%) said they never felt depressed, but just over one third (35%) of the homeless reported never feeling depressed. Similarly, about three-fourths of the national sample reported not feeling lonely, but the corresponding percentage of the homeless was 40%. More than half (58%) of the national sample reported no concern about the future, but only 29% of the homeless were similarly unconcerned.

It should be noted that what may be a pathological response in a normal, domiciled population may not be so for the homeless because of the striking differences in the two sets of circumstances. Surely, there was little reason for many of the homeless to be sanguine about their futures. Nevertheless, whether warranted or not, demoralization is just as real to the persons who are demoralized.

Overall Prevalence of Depression.

In the HANES survey, the CES-D scores on each item of the full scale of twenty items were summed to form a summary total score for each individual surveyed. In order to compute a comparable score for the six items used in the Chicago Homeless Study, the average scores for the six items used were adjusted and projected to account for the shortness of the scale.[3] The resulting adjusted score was 19.199, 10.70 points higher than the national estimate. The computed adjusted projected summary score can be taken as a crude estimate of what the CES-D scale score would have been if all 20 items in the scale had been given to the Chicago Homeless. This score is useful for comparative purposes because with the full scale a cut off point of 16 has been established to distinguish cases that require clinical attention from those that are less serious.[4]

Table 7.1 shows that the homeless in Chicago were, on average, beyond the 16 point cutoff. A total score of 6 on our shortened CES-D scale projects out to an estimated CES-D score of 18. If we conservatively take 6 as the cut off point on the short scale, we find that nearly one half (47%) of the Chicago homeless had a total unadjusted score of 6 or more, equivalent to the CES-D score of 18. By contrast, only 16% of the respondents in the HANES survey had a CES-D scale score of 16 or more.

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[3] The sum (over all 20 items) for the HANES survey is 8.495. Since only a subset of the 20 CES-D items are used in this study, the sum of the six items must be projected by a factor of 20/6 or 3.333 to estimate the CES-D scale score. For the HANES survey the projected sum is 9.417. The projection is 10.9 percent greater than the national estimated CES-D scale score based on all 20 items (mean = 8.495). To make the homeless estimates roughly comparable with the national data, the projected sum is multiplied by a factor of .902.

[4] Weissman et al (1977) found that the 16 point cut off is very sensitive in that better than 90 percent of those who are clinically depressed score higher than 16 on the CES-D scale. But the scale is only moderately specific, because from 56 to 86 percent of those who are not clinically depressed still have scores higher than 16 on the CES-D scale. One should be cautious, therefore, in using this cut off point to estimate the number of homeless who need professional treatment for depression.

In a study of residents of Kansas City (a large urban area, and in that respect more comparable to Chicago than the nation as a whole) conducted between 1971 and 1973, Comstock and Helsing (1976) found that 26% of all blacks and 20% of all whites had CES-D scale scores of 16 or greater. This study also found that 39% of blacks with incomes under $3,000 and 29% of whites with incomes under $3,000 had CES-D scale scores of 16 or greater. The percentages above the cutoff point dropped sharply as income rose, reaching a low point of 7% for blacks with incomes over $16,000 and 16% for whites with incomes over $16,000. Income is the strongest predictor of high CES-D scores in the Kansas City study. If the effects of income on depression among blacks reported in Kansas City are extrapolated downward, they tend to reach at the very lowest income level the 47% highly depressed found for the Chicago homeless.

Evidence of Demoralization among the Homeless

The above comparisons echo once again the general finding that symptoms of depression were extraordinarily high among the homeless. We suggest that demoralization resulting from the obvious deprivations of the homeless condition were the chief causes of these feelings. Further evidence for this claim is presented in Table 7.2. This table presents a number of variables which in other studies have shown some relationship to the CES-D or which appeared to indicate factors that may lead to demoralization. The first set of variables appears in Panel A of Table 7.2. The second set appears in Panel B.

Each variable is broken into several categories, and the average depression scale score (the sum of the six items) is presented for each category. Note that the last columns of Table 7.2 contain significance levels of the differences among categories in each of the panels in the table. If the significance is greater than .05 one should be careful about taking the observed differences among the categories as real differences.

Conventional Predictors of Depression. Although women usually score slightly higher on the CES-D than men do, no significant difference could be found between these groups among the Chicago homeless. Women were slightly more depressed, but this difference did not reach statistical significance.

There are variations in age that approached the .05 level of statistical significance. The youngest group, age 24 or less, had the highest average depression score, 8.48. Depression scores dropped in the next two groups, ages 25-34 (mean = 6.33) and ages 35-44 (mean = 5.81), but they rose again in the older groups (mean = 6.03 for ages 45-54 and mean = 6.01 for ages 55 and over). A similar age pattern was found in the study of Kansas City by Comstock and Helsing (1976).

In previous studies, blacks and minority groups generally had higher depression scores than whites, and these differences were largely explained by differences in incomes. In the case of the Chicago homeless where income did not vary by race or

Table 7.2

Mean Depression Scale Scores for Selected Subgroups of the Chicago Homeless

Variable	Mean	Stand. Dev.	n	Sig.
A. Conventional Predictors of Depression				
1. Sex				
Male	6.26	4.93	254	.56
Female	6.63	5.18	88	
2. Age				
24 or less	8.48	5.46	42	.06
25-34	6.33	5.08	85	
35-44	5.81	4.83	81	
45-54	6.03	5.03	61	
55+	6.01	4.55	67	
3. Race				
White	5.95	4.95	107	.81
Black	6.49	4.99	171	
Hispanic	6.62	5.05	29	
Other	6.41	5.26	27	
4. Monthly Income				
$100 or less	6.27	4.83	172	.95
$100-$199	6.29	5.32	80	
$200-$299	7.12	5.35	26	
$300-$499	6.50	4.65	34	
$500 or more	6.41	5.75	22	
B. Factors Related to Demoralization				
1. Sample Type				
Street	7.40	5.11	88	.02
Shelter	6.00	4.90	254	
2. Months Homeless				
1 or less	7.04	5.00	53	.43
2 - 3	6.63	4.90	67	
4 - 11	5.70	5.33	90	
12 or more	6.39	4.79	132	
3. Months Since Last Steady Job				
1 or less	4.50	4.25	18	.26
2 - 3	4.93	5.27	15	
4 - 11	6.48	4.57	54	
12 or more	6.52	5.12	247	
4. Effort to Get General Assistance Benefits				
Received Benefits	5.53	4.80	145	.01
Turned Down	8.18	5.14	49	
Pending	7.22	5.94	18	
Did not apply	6.40	4.84	128	
5. Effort to Get AFDC Benefits				
Received Benefits	6.47	4.89	53	.03
Turned Down	8.27	4.67	11	
Pending	18.00	0.00	1	
Did not apply	6.25	4.98	275	

ethnicity, there was scarcely any difference between whites and the other racial/ethnic groups. The average score for whites was 5.95; the average scores for blacks and Hispanics were roughly the same, about 6.5. None of the estimated differences were statistically significant.

Income is usually strongly related to depression, but not so for the homeless. In this population income was nearly a constant, and all income levels were far below average incomes. But there was some variation in income, ranging from less than $100 per month to $500 or more. In every category of income, however, the average depression scores were nearly the same, ranging from a low of 6.27 in the lowest income category to a high of 7.12 in the $200 to $299 category. One can easily accept the hypothesis that depression at all income levels among the Chicago homeless was the same.

Predictors Related to Demoralization. Sex, age, race/ethnicity, and income are factors that have usually been found to be related in some way to depression. For the homeless, these factors (apart from having far lower than average income) did little to explain why so many of the homeless were depressed. But there were several factors more closely related to the homeless condition that told a quite different story. These factors appear in Panel B of Table 7.2.

The first indicator is whether the homeless person was interviewed as part of the street sample or as part of the shelter sample. For a number of reasons discussed elsewhere (see chapters 2 and 4) the homeless in the street sample made infrequent use of the shelters. For the street homeless, finding a safe place to sleep every night was one more stressor with which they had to contend in coping with their environment. Or it may be that failure to use the shelters indicated that one was already demoralized; that is, as despair set in, one lacked the will to overcome painful conditions in the environment. In any case, the average depression score in the street sample was 1.4 points higher than in the shelter sample (mean = 7.4 versus mean = 6.0) and the difference was statistically significant.

We hypothesized that the duration of homelessness would affect depression. The longer one was in this condition, the more depressed he/she should become. But Table 7.2 shows that there was no relationship between duration of homelessness and depression. The average depression scores fluctuated between 5.7 and 7.0, but there was no apparent pattern, and the differences were not significant.

The number of months since one last held a steady job might serve as a better indicator of the duration of the homeless condition, since many of the homeless move in and out of homelessness while remaining in an exceedingly marginal financial condition. As Table 7.2 shows there does appear to be a trend for this variable, although it was not significant at the .05 level (the significance is .26). As one moves from less than a month without a steady job to 2-3 months to 4-11 months to a year or more, the average depression score increased from 4.5 to 4.9 to 6.5 to 6.5. The leveling off of the depression score after three months probably accounted for the failure to achieve significance. The pattern of the averages suggests, however, that as one became aware that the prospect of escaping from unemployed status was bleak, depression set in.

Once the homeless condition appears permanent (or nearly so) the homeless person often tried to better her or his condition by applying for some form of government assistance. A small number of the homeless were eligible for SSI or other federal benefits, but most must apply for General Assistance. The effect on depression of efforts to obtain general assistance were striking. Those who were receiving benefits have the lowest depression scores of all (mean = 5.53). Those who had applied but had been turned down had the highest scores (mean = 8.18). Those who had applied, but were awaiting notification had somewhat lower depression scores (mean = 7.22), suggesting that the hope of receiving benefits moderated slightly the depression that had already set in. Those who had made no application for general assistance, 37.6 percent of the sample, had the usual level of depression for the homeless (mean = 6.40). This pattern was highly statistically significant.

Homeless women with dependent children are often eligible for ADC benefits. For them, the situation was similar to General Assistance recipients, although the effect of receiving benefits was not as strong. The average score for the 53 who received benefits was 6.47, no apparent improvement over the general average. But being turned down appeared to aggravate depression as much as it did for men applying for General Assistance. The average score was 8.27. No effect can be estimated for pending applications because there was only one case in this category. These differences were also statistically significant.

In summary, depression in the homeless appeared to increase to levels that require professional attention when efforts to exit this condition (via a job) or to alleviate it (via application for financial assistance) failed. The sense of despair and despondency that arose when efforts to mobilize social resources failed are rightly called demoralization. Although shelter and food were available to the homeless of Chicago, these services did not appear to be sufficient to prevent those who become homeless from feeling lost, alone, and failures. Employment opportunities and financial assistance were more sorely needed.

Symptoms of Psychosis

Psychosis is the most severe form of mental illness. It is characterized by disturbances in thought and perception that impair one's contact with reality. Certain chronic mental illnesses, such as schizophrenia, are identified in part by the presence of psychotic symptoms in their acute phase. It is believed that the deinstitutionalization of the mentally ill has made it more likely that patients in a psychotic state will find their way into the homeless condition, either because appropriate services are not available in the community, or because psychosis often leads to a denial of illness and an unwillingness to make use of available services.

Measures of Psychotic Symptoms

The Phase II survey of the Chicago Homeless provides a very rough measure of the presence of psychotic symptoms in the form of five items taken from the Psychiatric Epidemiology Research Interview (PERI). Developed by Dohrenwend et al. (1980), the PERI consists of 30 scales measuring symptoms of mental illness. These scales showed "a superior ability to differentiate a sample of well respondents from the community from respondents in a sample of psychiatric patients" (Dohrenwend et al, 1983). The five items used in the Phase II survey were taken from the eight item PERI scale "False Beliefs and Perceptions".

These were modified slightly by Elmer Struening of the New York Psychiatric Institute to be used in a study of the mental health needs of homeless shelter residents in New York City. We retained Struening's wordings of the items.[5]

Respondents were asked to report how often they had experienced these symptoms over the past year. This time frame is longer than the time frame for the CES-D items (there the time frame was one week), because psychotic symptoms often occur in acute "episodes" of fairly short duration. Respondents were cautioned not to report symptoms that occurred while drinking alcohol or taking drugs.

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[5] The five items are listed below. Next to each is the wording used in the PERI scale.

	Homeless Questionnaire	PERI Scale
1.	Have you ever heard noises or voices that other people say they can't hear?	In the past 12 months, how often have you heard things that other people say they cannot hear?
2.	Have you ever felt that there were people who wanted to harm or hurt you?	In the past 12 months, how often have you felt that there were people who wished to do you harm?
3.	Have you ever had visions or seen things that other people say they can't see?	In the past 12 months, how often have you had visions or seen things that other people say they cannot see?
4.	Have you ever felt that you had special powers that other people don't have?	In the past 12 months, how often have you felt you had special powers?
5.	Have you ever felt that your mind was taken over by forces you couldn't control?	In the past 12 months, how often have you felt that your mind was dominated by forces beyond your control?

The first and third items test for the presence of auditory and visual hallucinations, i.e., the perception of objects that are not actually present. The second, fourth and fifth items ask about delusions, i.e., beliefs that are persistently held even though they are patently false. The second item refers to paranoid delusions, a symptom often found in schizophrenia and certain forms of major depression. Grandiose delusions are tapped in item four. These often occur in schizophrenia and manic depressive illness. Item 5 probes for delusions of thought control. These occur with far less frequency than the other forms of delusions, but they usually indicate the presence of severe impairment and a high chronicity.

The PERI scale provides five response options to measure the frequency of occurrence of these symptoms over the past year: "never; "almost never"; "sometimes"; "fairly often"; and "very often". To simplify administration of the items to the Chicago homeless, only the first, third and fourth response options were used.

Table 7.3

Comparison of the Chicago Homeless and Washington Heights, New York Residents on Five Items from the PERI-Scale

	Item	Mean Score Chicago Homeless (n=345)	Washington Heights (n=267)	Difference Chicago - Washington Heights
1.	Heard voices	.470	.363	.107
2.	Feared harm	.980	.543	.437*
3.	Visions	.474	.176	.298*
4.	Special powers	.470	.367	.103
5.	External forces	.336	.127	.209*
	Total	2.730	1.576	1.154

* Difference is significant at the .05 level.

Comparison with a Normal Population

Table 7.3 shows how the responses of the Chicago Homeless to these five measures compare with a sample of 267 (non-homeless) residents in Washington Heights, a neighborhood in New York City. The comparison data, provided by Bruce Dohrenwend, were taken from the PERI Methods Study (Dohrenwend, et al., 1980). Washington Heights is an ethnically diverse neighborhood of Manhattan that includes a wide range of incomes. We can assume it is fairly representative of the population living in the inner city of a large metropolitan area.

On every measure the residents of Washington Heights had lower average scores than the Chicago homeless. But two of the differences are small, and not statistically significant. These are a) hearing voices (mean = .36 versus .47, a difference of .11); and b) feeling that one has special powers (mean = .37 versus mean = .47, a difference of .10). The remaining differences are large and statistically significant. The homeless are more likely to report having visions (difference = .30) and feeling that uncontrollable forces have taken over their minds (difference = .21). The largest difference (.44 points) is in the feeling that others want to harm or hurt the respondent.

Ordinarily visual hallucinations occur less frequently than auditory hallucinations. This pattern occurs as expected in the Washington Heights population (mean of hearing voices = .36; mean of seeing visions = .18), but not in the homeless sample, where the average scores on the two measures are virtually equal (mean = .470 and mean = .474). Similarly, the delusion that one's mind is controlled by outside forces is the rarest of all in the Washington Heights sample (and among patients with psychosis generally), where it occurs about one third as often as hearing voices (mean = .13 versus mean = .36), but in the Chicago homeless sample feelings of thought control occur with a frequency that is 70% of that of hearing voices (mean = .34 versus mean = .47).

On the other hand, paranoid delusions among the Chicago homeless occur in superabundance. The mean score on fear of harm is twice as high as the mean score for hearing voices (.98 versus .47). In the Washington Heights sample, the mean score for fearing harm is only one and a half times as great as the mean score for hearing voices (.54 versus .36). It may well be that the fear of harm reported by some of the homeless is not delusional, but reflects the greater risk of theft, assault and robbery that the homeless face.

All five items correlate rather well with each other, with correlations ranging between .39 and .69 and averaging .45, indicating that the homeless tend to have multiple psychotic symptoms. This pattern, coupled with the higher average scores of the Chicago homeless on all five items, suggests that the mental illnesses characterized by psychosis were both more prevalent and more severe among the homeless than they were in the settled community. It appears that the chronically mentally ill with the highest levels of impairment were selected into the homeless condition. That is, treatment in the community may be a workable arrangement for many of the chronically mentally ill, but not for those with the highest levels of impairment. A controlled clinical study using reliable diagnostic procedures is needed to verify this hypothesis.

Distinguishing Characteristics of Homeless with Psychotic Symptoms

We saw earlier that symptoms of depression were strongly related to lack of resources, particularly income and the inability to secure financial assistance. Psychotic symptoms show no relationship to the indicators of demoralization used in Table 7.3. It appears likely that certain of the homeless already showed psychotic symptoms when they entered the state of homelessness. There were three groups that were more (or less) likely to show psychotic symptoms than the others. For these groups the average scores on an index formed by summing the five psychotic symptom items is shown in Table 7.4. The groupings are based on the number of psychiatric hospitalizations reported by the respondent; age; and self-reported race/ethnicity. For each grouping the differences among subgroups were significant at the .10 level.

Respondents who had one or more psychiatric hospitalizations scored higher on the psychotic symptom index than those who had never been hospitalized. This finding confirms the discriminatory power of the PERI items used in the Phase II survey. Those who had no hospitalizations had an average score of 2.42 on the index, while those who had been hospitalized four or more times had an average score of 5.64. There was little difference between those with one hospitalization and those with two or three (average = 3.79 versus average = 3.50).

Table 7.4

Significant Variations in Psychotic Symptoms among Subgroups of the Chicago Homeless

Subgroup	Average Score	Standard Deviation	Sample Size	Sig.
1. Psychiatric Hospitalizations				
None	2.42	3.96	284	.02
One	3.79	3.67	28	
Two or three	3.50	3.22	16	
Four or more	5.64	6.19	11	
2. Age				
24 or younger	4.10	4.00	42	.06
25-34 years	2.93	4.28	88	
35-44 years	2.34	3.80	83	
45-54 years	2.74	4.19	57	
55 or older	1.85	3.65	66	
3. Race/Ethnicity				
White	1.89	3.16	108	.06
Black	2.85	4.22	170	
Hispanic	3.10	4.59	29	
Other	3.93	4.82	27	

The presence of psychotic symptoms declined with age. The youngest group, age 24 or younger, had the highest scores, averaging 4.10, while those over 55 had the lowest scores, averaging 1.85. The remaining groups, between 25 and 55 years, had roughly the same average score of 2.67. The distribution of psychotic symptom scores by age suggests an effect of deinstitutionalization reported in other studies of mental illness among the homeless (Freeman, et al., 1979; Lamb, 1984): Older chronic patients were less likely to enter the homeless state than were the younger mental patients. The older patients, perhaps because they had been exposed to institutional treatment, made use of community residential facilities, such as nursing homes and board and care homes, while younger patients tended to resist housing arrangements that provided custodial care.

Another important difference shown in Table 7.4 was among the various racial and ethnic groupings of the homeless. Non-Hispanic whites had the lowest scores, averaging 1.89. This average was not much higher than that reported for the Washington Heights population, 1.58. That is, psychotic symptoms were not highly prevalent among white homeless. But among blacks, Hispanics and other groups (mostly American Indian), the average psychotic symptom scores were high, ranging from 2.85 for blacks to 3.93 for "other" groups. It appeared that minority groups were particularly lacking in access to the mental health treatment system, and as a consequence, were more vulnerable to becoming homeless when their illness prevented them from securing employment or caring for themselves.

Treatment Services Provided for Mental Patients

Although mental illness appeared to be widespread among the homeless, it is estimated that only 23 percent of them had been hospitalized for mental illness. If we add together the five psychosis items to form an index of need for treatment, with a score of 8 or more (out of a maximum of 20) indicating severe impairment, we find that only 28 percent of this group reported having been hospitalized at least once. It appears that the homeless (or those who eventually become homeless) were not likely to use the mental health treatment system, even when the need for treatment was great. But we will also learn that those who did enter the system appeared to receive little benefit from it in terms of follow up services. We consider both issues in this section: first, the use of psychiatric hospitalizations in the past; then, the post-discharge use of services after the last psychiatric hospitalization.

History of Psychiatric Hospitalizations

Table 7.4 shows how several subgroups within the homeless population compared on the history of psychiatric hospitalizations. This history is measured in terms of the number of hospitalizations the respondent has had, and for those with one or more, the number of months since the last hospitalization. The subgroups compared are classified by age and race/ethnicity, variables that were found to be significantly related to the presence of psychotic symptoms. Because psychotic symptoms appeared more frequently among the young and in minority groups, we expect that these groups with the greatest apparent need also had the highest and most recent rates of utilization of the psychiatric hospital.

Age. Table 7.5 shows that the number of hospitalizations varied with age, and but not in the way predicted. Persons in the youngest group, 24 or younger (who were most impaired on the psychotic symptoms index), were almost as likely to have had no hospitalizations as persons in the oldest group, 55 or older (who were least impaired), and as persons in the 35-44 year old group (who had an intermediate level of impairment). The percentages are 80%, 83% and 78% respectively. The 25-35 year old group was least likely to have had no hospitalizations (64%), and the 45-55 year old group was most likely (93%). Both groups had intermediate scores on the psychotic symptoms index.

One explanation of this pattern is that some of the mentally ill in the youngest group were in the onset stage of their illness, and for this reason may not yet have been hospitalized. Many of the mentally ill in the older groups did not get high scores on the psychotic symptoms index because they had probably passed beyond the acute phase of their illness. Their psychotic symptoms were no longer florid, although residual impairment, particularly in the area of social functioning, remained.

The younger homeless (up to age 35) were most likely to have four or more hospitalizations. In each of these two groups 11% had been hospitalized four or more times. The percentage fell off from 5% to zero in the other groups. These differences, however, do not indicate that the condition of the younger groups was more severe than the condition of the older groups. Rather, they reflected an effect of deinstitutionalization, wherein a treatment course of a few long-term hospitalizations has been replaced by several short term hospitalizations. Thus, the differences among age groups may have represented the trend in treatment practices.

Statistically, one cannot reject the hypothesis that there were no differences by age in the distribution of months since the last hospitalization. The sample sizes were so small that all but one of the differences in Panel B of Table 7.5 are best explained as sampling fluctuation. The largest difference was that the youngest group, age 24 or younger, was most likely to have been hospitalized within the last year (80%). This difference too, is probably not connected with the need for treat-

Table 7.5

History of Psychiatric Hospitalizations for Subgroups of the Chicago Homeless

A. Number of Hospitalizations

Subgroup	None	One	Two or Three	Four or More	Sample Size
1. Age					
24 or less	79.9	5.5	3.2	11.4	78
25-34	63.5	15.4	9.6	11.5	190
35-44	78.2	9.7	7.3	4.8	184
45-54	92.7	2.6	1.3	3.4	112
55 or older	82.6	8.6	8.9	0.0	137
2. Race					
White	76.3	9.7	6.3	7.7	539
Black	78.1	10.0	8.3	3.6	61
Hispanic	81.6	3.0	6.8	8.6	49
Other	80.2	4.0	2.4	13.4	42
All Groups	77.5	9.4	6.8	6.2	711

B. Months Since Last Hospitalization

Subgroup	12 or less	13 to 36	37 or more	Sample Size
1. Age				
24 or less	79.6	15.4	4.9	19
25-34	53.7	15.2	31.2	65
35-44	37.0	30.1	32.9	35
45-54	50.9	16.4	32.7	6
55 or older	68.2	12.5	19.3	7
2. Race				
White	45.2	15.2	39.7	44
Black	55.7	24.4	19.9	62
Hispanic	70.2	29.8	0.0	8
Other	76.6	7.1	16.3	15
All Groups	54.0	18.9	27.1	133

ment; it may have merely reflected the fact that this group had the shortest time between its present age and the age of onset of mental illness.

Race/ethnicity. Although minority groups score higher than non-Hispanic whites on the psychotic symptoms scale, they were as likely as whites (or perhaps a little less likely) to have been hospitalized for mental illness. The percentages with no hospitalizations varied by only four points, from 76% for whites to 82% for Hispanics. But blacks, and especially hispanics and other races, were more likely to have been recently hospitalized. That is, the route from mental illness to homelessness was fairly short for minority groups as compared with whites. It may be that whites had more opportunities to make use of community treatment programs, such as half-way houses, before dropping out of the treatment system.

Post Discharge Outcomes of Homeless Mental Patients

Although only about one fourth of the Chicago homeless had been patients in a psychiatric hospital, a review of their activities since their latest discharge can give us a rough idea of how the mental health service delivery system works for this group. Table 7.6 looks at these outcomes from the perspective of the number of months since discharge. These outcomes indicate in a very crude way how the treatment system has been changing over the past five to ten years. Three outcomes are considered: a) whether the hospital made living arrangements for the patient; b) where the patient went to live after discharge; and c) whether there was follow up contact with a community mental health center after discharge, and if there was, how it was initiated. Because of non-responses the sample size was reduced from 167 to 128 cases.

Discharge Planning. Respondents were asked whether the hospital made living arrangements for them when they were discharged. Only 30% reported that arrangements were made. This percentage was found for those recently discharged (i.e., within the last 12 months). The percentage for those discharged one to three years before the survey was smaller (19%). For those discharged more than three years ago it was larger (36%).

These differences were not statistically significant, indicating no real change in the treatment system on this criterion. Still, the percentage of cases in which discharge planning was done -- if the reports of the patients accurately reflect what hospitals did -- seems very small. Unfortunately, there is no way to tell from this survey how many cases required assistance in finding suitable living arrangements and how often the need was met. A very rough impression of the adequacy of the discharge planning received can be taken from the distribution of the kinds of places to which these patients were discharged.

Post-discharge Residence. About thirty percent of the patients went to live in a house, apartment, or rented room. Another quarter went to live with their families. A few (4%) went into a residential treatment facility such as a group home or a nursing home. But 25% went into an emergency shelter, and another 16% went to some unspecified place. It would appear that for the last two categories (41% of the sample), some form of discharge planning was needed, but not effected.

If we look at those who were discharged three or more years before the survey, we find 29% of the patients went to live in an emergency shelter or "somewhere else". Of those discharged from one to three years before the survey, the percentage rises to 43% and for the most recent discharges, it is as high as 48%. This trend clearly indicates a need for discharge planning, because most of the change comes from a steady increase in the percentage making use of emergency shelters. This percentage rose threefold, from 12% for those who were discharged three or more years ago to 36% of those discharged within the last year.

Table 7.6

Post-discharge Outcome of Hospitalized Chicago Homeless
(n=128)

Outcome	Months Since Discharge 12 or less	 13 to 36	 37 or more	Total
1. Hospital made living arrangements when last discharged	29.7	19.1	35.5	29.7
Hospital did not make living arrangements	70.3	80.9	64.5	70.3
2. Patient went to live in a house, apartment or rented room	19.8	30.3	47.2	29.7
with family	26.1	26.5	22.4	25.0
in a group home or nursing home	6.4	0.0	1.5	3.9
in an emergency shelter	36.2	13.7	12.0	25.0
somewhere else	11.6	29.6	17.0	16.4
3. Follow up contact with Community Mental Health Center				
Client initiated	23.9	28.0	22.2	23.4
Agency initiated	22.4	4.0	11.1	14.8
No contact	53.7	68.0	66.6	61.7
Number in sample	67	25	36	128

The tendency to return to live with family remained roughly constant across all three periods, as does the trend in discharge to a treatment facility (the fluctuation in the percentages from 2% to 0% to 6% is probably due to sampling error). Discharges to a house, an apartment, or a rented room showed a decline that matches the rise in discharge to an emergency shelter. The percentages going to a "home" dropped from nearly half (47% for those discharged three or more years ago) to one in five (20% of the most recent discharges). The availability of housing that the mentally ill could afford appears to have declined sharply over the past few years, and emergency shelters were filling this gap.

Follow up Contact. Nearly two thirds (62%) of the respondents made no contact with a Community Mental Health Center (CMHC) after discharge from the hospital. For recent discharges (those within the past year) the percentage with no contact drops to slightly more than half (54%). In the past, contact was largely initiated by the patient. Clients who were discharged three or more years ago were two times more likely to initiate a contact than were CMHC's or other agencies. For those discharged from one to three years ago the ratio is 4 to 1. Quite likely, however, the ratio did not change during these periods; the observed differences may well have resulted from sampling fluctuation. The average ratio for both periods is probably close to 3 to 1. But more recently, in the past year, the ratio dropped to nearly 1 to 1 (24% client initiated versus 22% agency initiated).

The change apparently came from the agencies, not the clients. The percentage of client-initiated contact fluctuated very little about an average of 23% across all three periods, but the percentage of agency contact doubled from 11% to 22% as one goes from three or more years ago to less than a year ago. There is some evidence, then, that treatment agencies were becoming more involved with the homeless mentally ill, but follow up care was still needed for about one half of the homeless who have been hospitalized.

Summary

There was a very high prevalence of mental illness among the Chicago homeless. The scores on a scale of depressive symptoms of nearly half of those surveyed were high enough to suggest the need for professional treatment. The highest levels of depression were found among those who were not using shelters, among those who had been without a steady job for more than three months, and among those who had tried to get General Assistance or ADC benefits, but had been refused. These factors suggest that the homeless condition can be very demoralizing, especially when the homeless person cannot secure a subsistence income.

Symptoms of psychosis were also present with greater frequency and severity than is found among urban dwellers in general. Nearly 15% of the homeless appeared to have severe levels of impairment of mental functioning. The highest levels of psychotic symptoms were found among the very young, age 24 or less, and among minority groups. Yet only 28% of those with severe levels of impairment had been hospitalized at least once for mental illness.

The homeless did not appear to use the mental health service system as much as their mental health status warranted. The frequency and recency of hospitalization was not related to apparent need, as measured by the presence of psychotic symptoms. Discharge planning, indicated by whether the hospital arranged for living quarters when the patient was last discharged, was reported by only 30% of respondents who had been hospitalized. Upon leaving the hospital there was a trend for new homeless patients to find housing in emergency shelters rather than in houses, apartments, and rented rooms. Contact with Community Mental Health Centers for follow up care has been low and largely initiated by the patient. In the past year, the percentage of contacts initiated by CMHC's and other agencies appeared to have risen sharply, but half of those discharged from the hospital remained without follow up care.

CHAPTER 8

Shelters and the Homeless

The shelters provided for homeless persons play critical roles in the lives of that group by providing roofs over their heads, beds, and in many cases, meals. Without the shelters, many of the homeless would be decidedly worse off, however minimal the shelter facilities provided may be.

Providing shelters for homeless persons is an old, established custom in American cities. Many cities have provided municipal "lodging houses" since the time when the cities in question were large enough to have a significant number of homeless. Religious and charitable organizations also have long provided a variety of accommodations for poor persons generally and for homeless persons in particular. Perhaps best known are the shelters provided by the Salvation Army since its founding in the early 19th Century. Up to a few decades ago, private enterprises in the form of inexpensive "hotels" or "flophouses" provided a night's lodging at very nominal rents, although these have declined in number in the last two decades. Most cities now have shelters provided by a mixture of auspices, including the municipality, religious and secular charitable organizations, and private sector enterprises.

The Chicago shelters may well be quite unusual[1] in several respects: First, although there are some financial subsidies from the city and state, the Chicago shelters are virtually all run by private sector groups. Only one shelter is totally a government financed operation and that shelter is managed by the Catholic Charities. Most of the shelters are run, managed, and largely financed by religious organizations. Some are primarily missions, aimed at reaching the souls of the homeless. Others are run by establishment churches out of an impulse that is more charitable than missionary. A few are run by secular groups. The mission shelters tend to be among the larger ones and have been established longer.

Second, the shelters collectively are quite flexible. In Phase I, we found 28 shelters that were eligible[2] to be selected in the shelter sample. In the harsher Phase II season, the number had expanded to 45, with the total bed capacity correspondingly enlarged. Most of the added shelters were smaller ones with less than 25 beds each. From Phase I to Phase II, the bed capacity of the shelters had increased by 27%, involving a total of 428 additional beds.

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[1] The information presented in the next few paragraphs on the characteristics of Chicago shelters was obtained from telephone and personal interviews with shelter operators undertaken for the purpose of determining whether or not each shelter was eligible for selection in the shelter surveys. (See Chapter 1 for description of shelter survey procedures.)

[2] Eligible shelters were ones that had as their major function the provision of sleeping places for homeless persons. Excluded were "special purpose" shelters such as detoxification centers, and shelters exclusively for "battered women". See Chapter 1 for a description of the Phase II excluded shelters and their capacities.

Third, the shelters, whatever their sponsorship, are quite open to all comers of all creeds and ethnic or racial origins. However, almost all shelters restrict admission in one way or another. Perhaps the most common restriction is by gender. About half of the shelters take either only men or only women. The remainder have gender quotas on admission, reflecting the respective capacities of their gender-segregated accommodations. Few shelters will admit persons under 18 unless part of a family group and accompanied by one or more parents. Half of the shelters are completely restricted to adults because they have no accommodations for family groups including children.

Most of the shelters have regular hours during which they will admit persons. Very few have any requirements that restrict the number of consecutive nights that a homeless person may use the shelters. Indeed, only a handful (less than one in five) have maximum residence restrictions of up to one month and in more than half residence restrictions extend beyond a year. For all practical purposes, a person may return to most shelters night after night, using the shelter as a "regular" abode for extended periods of time.[3] Many have rules concerning when persons can be present in the shelters, asking all to leave during stated daytime hours, presumably so that housekeeping activities can be more easily undertaken. Some require their clients to contribute labor, helping out in food service or in some housekeeping activities.

Many of the shelters have formal or informal rules that bar admission to intoxicated persons or persons exhibiting bizarre behavior. Many have rules concerning behavior while in the shelters, prohibiting drinking, drug usage, disruptive behavior and smoking. Others stated that they would not readmit clients who had violated the behavioral rules of the shelter in the past.

Although shelter rules do not completely determine the differences we have observed through the earlier chapters between the shelter and the street samples, the compositions of the two groups are undoubtedly conditioned by such rules. For all shelters the ideal client appears to be a sober, well mannered, not obviously mentally ill man or woman whose personal appearance is toward the neat and clean as opposed to the dirty and dishevelled. Not all clients who present themselves for admission fulfill this ideal, but to the extent that a client approximates it, the probabilities of admission are undoubtedly enhanced.

Why Some Homeless Are Not in Shelters

No one would question that living and sleeping on the streets, in public places, or in abandoned buildings is uncomfortable, unhealthy and unsafe, an opinion held as well by most of the homeless. True, shelter accommodations were far from luxurious and in some instances close to the minima of decency. Nonetheless, a night in any typical Chicago shelter appears to be clearly preferable to a night on the streets, especially during Chicago's winters. Hence it is only natural to ask why more of the homeless were not in the shelters. Certainly, shelter capacity was not at its maximum: Occupancy rates[4] in Phase one were about 60% and in Phase II 70%. Although at Phase I, shelter capacity (1,573) would not have accommodated all of the homeless, by Phase II, the capacity had increased enough (2,001) to accommodate almost all.

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[3] Indeed, many homeless do return night after night to the same shelter. For example, when it was not possible for an interviewer to conduct an interview with a shelter resident, it was possible in a majority of cases to return to the same shelter a few nights later and interview the cases missed on the first attempt.

Of course, part of the answer to this question is that where we found persons on a particular night is not necessarily where we would find those persons on another night. There is some interchange between the two subgroups of the homeless. Table 8.1 shows where the street and shelter homeless spent the seven nights previous to being interviewed. Persons in the street sample did not spend all seven nights on the street or in public access buildings: The street people spent on average 1.3 nights in shelters and another 1.2 nights in rented rooms or in conventional dwellings, and only 4.8 nights on the streets or in public places. The persons interviewed in shelters had seemingly more regular habits, having spent 6.1 nights, on the average, in the shelters, only .68 nights on the streets or in public places, and .19 nights in conventional dwellings.

Table 8.1

Average Numbers of Nights Spent Last Week In Various Locations
[Phase I and II Combined]

Average Number of Nights Spent	Street Sample	Shelter Sample	Weighted Total	Stat. Signif.[a]
In Shelters	1.3	6.1	3.9	.000
On streets, in parks or in public places	4.8	.68	2.5	.000
In rented rooms or in others' homes	1.1	.19	.88	.000

[a] Refers to statistical significance of street versus shelter samples.

Furthermore, the separation was even higher in the milder weather of Phase I, at which time street homeless were more consistent in their use of the streets and public places.

Despite the evidence of some interchange between street homeless and shelter residents, there was a strong tendency for the two groups to be largely separate. Hence it makes sense to probe for answers to the question why the street homeless by and large avoided the shelters. To provide some information on this issue, we added a series of questions to the Phase II interview schedule to be asked only of persons interviewed in our street sample.

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[4] Defined as the proportion of occupied beds in shelters to the total capacity of shelters.

Table 8.2

Knowledge of Shelters for Homeless Persons
[Street Sample: Phase II Only]

A. Knows location of any shelters for homeless persons in Chicago

Yes	--	76.7%
No	--	23.3

B. Has tried to get into a shelter for sleeping or resting over the last year[a]

Yes	--	79.7%
No[b]	--	20.3

C. Has been refused admission to a shelter over the past year.

Yes	---	40%
No	--	60%

D. Reasons given for turndown by shelter[c]

Personal behavior	14.2%
No available beds	42.9
Did not fit shelter rules or requirements	42.8

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[a] Asked only of persons who claimed knowledge of shelters.

[b] Persons who claimed not to have tried were asked why they did not try. Of the 14 persons, 8 gave answers but each a different response.

[c] Answered by only 14 respondents of the 23 who claimed to have been turned down.

The first issue we can address is to what extent did street homeless know about the existence of shelters. In Panel A of Table 8.2, we find that about one out of four (23%) of the street homeless claimed to have no knowledge about the location of shelters in Chicago. This is a surprisingly high proportion, especially given the fact that most street homeless were interviewed in public places where other homeless persons were congregated.[5] It is difficult to imagine that under such circumstances, knowledge about shelters and their locations would not be almost universal among the homeless.

Among those who knew about shelters, the overwhelming majority (79%) had tried to get into a shelter over the past year. Nevertheless, one in five had not tried to do so. Among those who did try, 40% reported being turned down[6] (see Panel B of Table 8.2). Asked why they had been turned down, the few remaining respondents gave answers that weigh, about equally, lack of space in the shelters and the rules and requirements of the shelters. How much credence to give to the answers of the fourteen persons who gave these reasons is hard to assess.

This probing into why there was not full use of shelters on the part of homeless persons interviewed on the street has not been very fruitful, mainly because there were so few persons involved. Apparently, most street homeless who knew about the shelters, had tried to get in. A sizable minority had been turned down at least once. And, there is some hint that at least some had been turned down because they did not fit in with some of the shelter rules and requirements.

Homeless' Assessments of the Shelters

In the Phase II survey we added a battery of questions designed to get at the homeless' attitudes towards the shelters. The eight questions included in the battery were each a statement about shelters with which respondents were asked to agree or disagree. Some of the statements about shelters were laudatory and some were derogatory. The texts of the statements are shown in Table 8.3., along with the proportions agreeing to each statement among the street and shelter components of our Phase II sample.

Looking over the results shown in Table 8.3, it is abundantly clear that the most of the homeless had positive assessments of the shelter. Majorities between three in five and four in five endorsed the positive statements about shelters and the same magnitudes rejected (or disagreed with) the negative statements. The only negative statement about shelters with which close to half (47%) of the homeless agreed concerned the lack of physical safety and the presence of theft in the shelters. By and large, however, the shelters were seen as the only places providing a decent place to sleep, as being relatively safe, ecumenical in their admissions policies, clean, helpful to those who want to get back "on their feet", being not too religious in tone, and not being overly restrictive about personal freedom. Consensus is quite strong about the shelters being clean and about shelter willingness to take in all persons whether or not they look respectable.

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[5] An attempt was made to find out what were the correlates of lack of knowledge about the shelters. However, the small number of cases involved -- 82-- stymied any attempt to find strong patterns. A set of weak relationships existed between indicators of mental illness and lack of knowledge. No other relationships appeared, including such variables as length of time homeless, education, and so on.

[6] Unfortunately, we cannot tell whether the turndown was an isolated incident or a pattern of repeated refusals. Nor were there a sufficient number of cases to sustain an analysis of who was refused admission, although there was a statistically insignificant tendency for homeless with indicators of mental illness to be turned down.

Table 8.3

Opinions About Shelters Among Homeless
[Phase II Only]

Opinion Statement	Proportion Agreeing Among Street	 Shelter	 Total
A. The shelters are the only places a person like me can get a decent place to sleep.	62.5	77.4	73.4
B. The shelters are dangerous because you can easily get robbed or beaten up there.	55.7	44.1	46.6
C. The shelters take in everyone who needs a place to sleep.	69.0	72.8	71.9
D. The shelters are so dirty I would rather sleep on the streets or in a public place.	27.3	11.4	15.1
E. The shelters only take in persons who look respectable, so the homeless who really need help are refused.	28.7	16.0	19.1
F. There is too much emphasis on religion in the shelters.	28.7	21.5	23.3
G. The shelters can really help homeless persons to get back on their feet.	68.2	79.7	76.8
H. There is not enough freedom to do what you want in the shelters.	47.7	37.5	40.3

Note: Statistically significant differences exist between shelter and street homeless on all opinion statements except C.

The other side of this general tone of approval and endorsement consisted of the one fourth to one third who endorsed the negative sides of the eight statements about the shelters. As mentioned above, close to half of the homeless agreed that the shelters are dangerous. Two in five (40%) complained that there is not enough freedom to do what one wants in the shelters. More than one in four (26%) denied that the shelters are the "only places" where the homeless can get a decent night's sleep. About the same proportion (28%) denied that the shelters take in everyone who needs a place to sleep. Similar proportions claimed that the shelters overemphasize religion (23%) and denied that the shelters can help homeless persons get back on their feet (23%). Smaller proportions endorsed the statement that the shelters are dirtier than sleeping on the streets (15%) and that the shelters select persons on the basis of their appearance of respectability (19%).

On seven out of the eight statements shown in Table 8.3, homeless persons interviewed in the street sample held higher levels of negative opinions on shelters than persons interviewed as part of the shelter sample, differences that were statistically significant. The minority of the homeless who did not think highly of the shelters were concentrated among those who were not using them.

Any set of attitudes usually has a complex set of causal connections with previous relevant direct experiences, exposure to various influences, and other potential causes in the past. The Phase II survey did not collect such information about what had happened in the past, so that we cannot proceed in any definitive way to investigate what were the antecedents of the homeless' attitudes toward the shelters. It is clear that those who use shelters have a more favorable attitude towards them, but the traditional cart and horse problem plagues any interpretation of this finding. Our attempts to go beyond that finding brought to light only two weak correlates of positive attitudes toward shelters: Persons scoring high on our measures of depression and demoralization (as discussed in Chapter 7) and who were regarded by interviewers as incoherent, confused and lacking in lucidity held negative attitudes toward the shelters. It would appear that the more psychologically vulnerable homeless were persons less likely to have positive attitudes toward shelters and perhaps were also less likely to use shelters.

Who Uses The Shelters?

A useful index of behavioral preferences for shelters or other places as sleeping or resting places are the proportions of nights over the seven days previous to the interview that respondents spent in various places. These proportions are used in the regression analyses presented in Table 8.4 as dependent variables with various characteristics of the homeless interviewed in Phase II[7] as independent variables. The regression coefficients shown in each of the columns are indicators of the extent to which each of the dependent variables is responsive to changes in the characteristics in question. For example, in the first column of Table 8.3, we find the regression coefficients associated with the percent of the past seven nights spent in shelters. The coefficient for "positive shelter attitudes" is .046, meaning that for each additional positive statement endorsed by a respondent, the proportion of nights spent in shelters increases by .046. Thus a homeless person who endorsed the positive side of all of the statements in Table 8.3 is estimated to use shelters .37 more of the seven nights (or 2.58 nights) compared to someone who endorsed none.

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[7] Recall that the items used to measure attitudes toward shelters was only used in Phase II. Hence any analysis that includes this measure necessarily must be restricted to Phase II interviews.

Table 8.4

Regressions of Percent Nights Spent in Shelters, On Streets, Or in Others' Homes on Homeless Characteristics
[Phase II Only]

Homeless Characteristics	Percent Last Seven Days Spent Shelters	Streets & Public Places	In Others' Homes
Positive Shelter Attitudes[a]	.046***	-.027**	-.015**
Shabby and Unkempt Interviewer Ratings[b]	-.114***	.073***	.008
Incoherent and Confused Interviewer Rating	-.025	.061*	-.028*
Detoxification and/or Mental Hospital[c]	.040	-.074*	.026
Depression Scale	-.007	.013**	.002
Psychotic Symptoms Scale	.004	.000	.016**
Criminal Justice Experiences Scale	.023	-.028	.001
Age (years)	.003	.001	-.002**
Female	.036	-.092*	.026
White	.006	.047	-.002
Log Time Homeless	.017	.007	-.012
Worked sometime last Month	-.020	-.001	-.004
Intercept	.422**	.193	.091
R^2 =	.21***	.20***	.12***

N = [332]

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[a] Degree of agreement with positive statements about shelters and disagreement with negative statements about shelters. (See Table 8.3 for statements.)

[b] Count of number of negative ratings made by interviewer of respondent's appearance, neatness, dress, and cleanliness.

c Count of mental hospitalization, and having been in a detoxification center.

*** = p <.001. ** = p <.01, * = p < .05

Note also that this estimate is independent of the effects of the other characteristics included in the analysis. Asterisks accompanying each regression coefficient indicate the level of statistical significance, with the absence of any asterisks indicating that the regression coefficient in question is not statistically significantly discernible from zero.

The first column of Table 8.4 presents an analysis of the proportion of time spent in shelters over the last seven nights. Of the many characteristics included in the analysis, only two had any noticeable and significant effect. First, the more positive statements about shelters endorsed by a homeless person, the higher the proportion of nights spent in shelters. Although, in the light of the findings of the last section, this is not news, what is significant is that positive attitudes affect the proportion of time spent in the shelters, independently of all the other characteristics included in the analysis. That is, positive attitudes affect positively the proportion of time spent in the shelters for both men and women, older and younger persons, whites and non-whites, etc. through the entire list of characteristics shown in Table 8.3.

The second homeless characteristic that affects the proportion of time spent in shelters is the interviewers' ratings of the homeless person as shabby, dirty or unkempt. The more the homeless person was viewed by the interviewer as manifesting these conditions, the less likely that homeless person was to have spent a high proportion of the last seven nights in shelters.

None of the other characteristics used in the analysis affected using the shelters enough to achieve statistical significance. In other words, older persons were not markedly more likely to use shelters than younger persons, males were not more likely than females, and so on.

The two characteristics that did affect shelter usage are not clearly determinants of shelter usage. A good case can be made for each for at least a reciprocal relationship. That is, positive attitudes toward shelters may have resulted from shelter usage and a neat and clean appearance may have also been the consequence of shelter usage. At the same time, a low opinion of the shelters may have led homeless persons holding such views to avoid the shelters. In addition, shabby and unkempt persons may have been turned away by the shelters.

The second column of Table 8.4 contains a regression analysis of the proportion of nights spent on the streets or in public places. Here there were more characteristics that distinguished those who used streets and public places than distinguished high shelter users: Six characteristics had regression coefficients that were statistically significant.

First of all, positive shelter attitudes were negatively related to the usage of streets and public places. In other words, the more negatively shelters were viewed by homeless persons, the more likely they were to spend nights on the streets. Secondly, if interviewers rated their appearance as shabby, dirty and unkempt, the more likely the homeless was to have spent a larger proportion of the last seven nights on the streets and in public places. Of course, these two findings are the mirror images of the findings with respect to shelter usage.

Third, if interviewers regarded a homeless person as incoherent, confused and lacking in lucidity, the person in question was more likely to have spent more time on the streets and in public places. Fourth, a complementary finding was that those who scored high on the depression scale were also more likely to use the streets and public places. The fifth finding but somewhat contradictory to the first two findings is that homeless persons who had spent time either in detoxification units or in mental hospital were less likely to use the streets and public places. Perhaps those who sought help in the past by entering detoxification units and mental hospitals were more accepting of the help offered by the shelters.

Finally, homeless women were less likely to spend time on the streets and public places than men. Of course, this is a gender pattern that has been a consistent theme throughout earlier chapters of this report.

The third column of Table 8.4 contains a regression analysis of the proportion of the last seven nights spent in the homes of relatives and others. Here we find four characteristics reaching statistical significance: First, positive shelter attitudes were negatively related to spending nights in conventional dwellings. Note that this relationship was not as strong as the corresponding findings vis a vis either shelter or street usages.

Secondly, the interviewers' ratings of the respondent as confused and incoherent were negatively related to spending time in other persons' homes. Apparently, the less lucid and the more incoherent and confused, the less likely to be invited (or accepted).

A third correlate was the psychotic symptoms scale. The higher the score on that scale the more likely the homeless was to spend time in other persons' homes. It is difficult to interpret this finding. Perhaps it means that family and relatives were more indulgent to the psychotic than to the incoherent?

Finally, sleeping in other persons' homes was more characteristic of the young than the old. This may mean simply that the young had more opportunities to stay with others.

The last row in Table 8.4 contains measures, R^2, of the strengths of the three equations, or the extent to which the characteristics used explain the variation from individual to individual in the proportions of time spent in the three different locations. The values of R^2 are neither spectacularly high nor dismally low. They all indicate that modest amounts of variation were accounted for by the characteristics used.

Overall, the analyses presented in Table 8.4 support the interpretation that those who consistently use the streets and public places are most likely to fit one of the stereotypes of the homeless as disreputable in appearance, incoherent in speech, and being demoralized and depressed. Why they also tend to hold negative views of the shelters is less clear: Perhaps these views were the result of the enforcement of rules concerning behavior that many of the shelters claim to have.

Summary

Chicago's shelters are run primarily by private organizations with the aid of some subsidies from the state and city. In one shelter or another, everyone can find a place although each shelter tends to have certain gender and age requirements.

By and large the Chicago homeless had favorable opinions of the shelters. A minority of one in four held unfavorable opinions and such persons tended to use the streets and public places more often than the shelters. Shelter usage was consistent with opinions of the shelters and was also consistent with shelter rules. Those who had low opinins about the shelters and showed signs of being unkempt or mentally disturbed used the shelters less.

CHAPTER 9

The Social Networks of the Homeless

One of the outstanding characteristics of the homeless was their lack of primary ties to family units, especially families of their own. Most had never married or if they had, were no longer married. As persons who had typically passed through early adulthood, and who were now in their early middle years or in later points in their life cycles, they had also left their parental households. Some evidence was presented in Chapter 4 that departure from parental households had not been without some stress.

They lived alone and as single person households were subject to the accompanying vicissitudes. Households composed of several persons are to some degree cushioned against abrupt and drastic downward swings in fortune. If some wage earner suffers job loss, the others in the household can help to take up the burden of rent payments and food purchases. General Assistance payments of $154 per month are not enough to maintain a single person household, but they may be enough to ease the burdens somewhat on other wage earners in a multiple person household. Indeed, as a recent study (Richman, 1985) of Illinois GA recipients showed, the main difference between typical general assistance recipients and the homeless is that the major housing and sometimes other living expenses of the former are borne by the households to which they were attached.

Sharing a household is not the only way in which kinship ties are renewed and maintained. Visiting is an important kind of contact and, as was shown in Chapter 8, the homeless, on the average, spent one night every four weeks in the home of a relative, a pattern that was especially prevalent among homeless men under 40. Other kinds of visits were likely more frequent. In addition, one may maintain contact by writing or telephoning.

Friendships are also maintained in much the same way -- visiting, writing, and telephoning. The data presented in Chapter 4 indicated that the homeless spent, on the average, another night every four weeks in the homes of non-kin, a majority of whom were probably friends. Telephoning and visiting without staying over were probably more frequent.

Maintaining kinship and friendship ties is easier if the persons involved live nearby. Most of the homeless are native Chicagoans and a majority of their friends and relatives also live in that city. For those who have parents still alive, 57% of the parents live in Chicago and the corresponding proportion for brothers and sisters still alive is 60%. An even greater majority of "good friends", 90%, live in Chicago.

Maintaining Ties With Kin

Both Phase I and Phase II questionnaires contained a battery of questions asking the extent to which the homeless maintained ties with kin and friends. The question sequence started with finding out whether the homeless had any persons alive in a particular category, then whether any of that category lived in Chicago, and ended up asking whether they visited, talked to, or wrote to such persons at least once every two or three months. Our definition of a "maintained contact" is not a very stringent one, at minimum consisting of writing, telephoning, or visiting once every two or three months. Under this definition, for a relationship, say with a parent, to qualify as being maintained, the minimum contact can be quite infrequent and many of the maintained contacts that we have enumerated may be quite superficial. Consequently, very superficial relationships consisting of four telephone calls a year are counted as a contact as well as a relationship maintained by frequent daily contacts.

Table 9.1 contains the findings concerning contacts with parents. Panel A of the table contains overall measures of contact and Panel B shows how contact varied by age and gender. The Panel A measures show that most of the homeless have parents living in Chicago: Almost three out of five (58%) had at least one living parent, most of whom (57%) lived in Chicago. For those who had living parents, 70% were in contact with them. Overall, taking into account those whose parents were no longer alive, one in four maintained contact with their parents.

Table 9.1

Maintaining Social Ties With Parents
[Phase I and II Combined]

A. Overall Measures

Proportion with parents still alive	58%
Proportion of live parents living in Chicago	57%
Proportion in contact among those with live parents	70%
Overall proportion in contact with parents	25%

B. Contact Patterns Among Age and Gender Groups

Pars	In	In	Under 40		40 & Over		
Alive	Chicago	Contact	Males	Females	Males	Females	Total
+	+	+	33.3	44.7	15.1	13.2	25.4
+	+	-	12.6	11.4	2.4	6.0	7.8
+	-	+	18.2	16.4	15.2	5.5	15.3
+	-	-	11.0	14.3	6.5	9.7	9.5
-	-	-	24.9	13.2	60.8	65.6	42.0

Note: "+" = present; "-" = absent

Panel B shows that contact with parents varied strongly with age. Reflecting the impact of mortality, a minority (39% and 34%) of homeless persons over 40 had living parents, while the corresponding percentages for those under 40 were 75% and 87%. The consequence is that about half of the younger homeless had contacts with their parents as opposed to less than a third of the older homeless.

Since brothers and sisters are of the same generation, and because sibling sets are on the average larger than parent sets, mortality did not take as much of a toll among siblings. In Table 9.2, we learn that three out of four homeless had live brothers or sisters, about half (47%) of whom lived in Chicago. The homeless were less often in touch with their live brothers or sisters than with their parents: Fifty-seven percent were in touch, compared to 70% for parents. But, because more of the homeless had live siblings, the overall contact with siblings, 43%, was higher than the comparable figure for parents (25%).

Table 9.2

Maintaining Social Ties With Brothers and Sisters

A. Overall Measures

Proportion with siblings still alive	75%
Proportion of live siblings living in Chicago	47%
Proportion in contact among those with live siblings	57%
Overall proportion in contact with siblings	43%

B. Contact Patterns by Age and Gender

Sibs Alive	In Chicago	In Contact	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females	Total
+	+	+	37.0	37.8	24.2	16.7	29.8
+	+	-	19.0	17.8	11.3	11.3	15.0
+	-	+	15.0	9.9	12.9	11.9	13.2
+	-	-	10.7	15.3	24.0	14.7	16.8
-	-	-	18.3	19.2	27.6	45.5	25.2

Compared to relationships with parents, a less pronounced age and gender patterning existed for contact with siblings. Younger persons tended to have more and older persons less contact with siblings. There were no gender differences for younger persons but quite strong differences for the older: Females over 40 had the lowest level of contact with siblings.

The "other relatives" of the homeless constituted a miscellaneous category, whose size depends on the fertility experiences of previous and current generations and on respondents' possibly varying definitions of the boundaries of the kindred. ("Other relatives" do not include spouses and children, discussed separately below.)

It is not surprising that two out of three (66%) had living "other relatives", of whom 42% lived in Chicago. (See Table 9.3.) The homeless had a fairly low level (42%) of contact with this group, leading to an overall contact level of 28%, slightly higher than the overall contact with parents.

Apparently, "other relatives" seem to be defined as persons up the generational ladder, since, compared to those under 40, older persons were much more likely to claim that they had no living representatives of that group.

Table 9.3

Maintaining Social Ties With Other Relatives

A. Overall Measures

Proportion with other relatives still alive	66%
Proportion of live other relatives living in Chicago	42%
Proportion in contact among those with live other relatives	42%
Overall proportion in contact with other relatives	28%

B. Contact Patterns by Age and Gender

Rels Alive	In Chicago	In Contact	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females	Total
+	+	+	27.1	30.4	11.6	18.2	20.6
+	+	-	22.2	17.6	14.7	8.1	17.1
+	-	+	7.2	11.6	5.5	8.0	7.2
+	-	-	18.3	24.1	23.0	23.9	21.5
-	-	-	25.1	16.4	45.2	41.8	33.7

Living With Relatives

How important were these ties with kin? Could the homeless call upon them for help in alleviating their condition? Would their kin have them or would they want to rely on their kin? Would the homeless want to live with their relatives, assuming that the relatives assented to such a move? To cast some light on these issues, we asked the homeless two questions: First, we set up the condition that some one or another of their relatives[1] living in Chicago had the room to accommodate the respondent, and also wanted to do so, asking whether the respondent would favor or oppose going to live with the kin in question. Secondly, we asked whether their Chicago relatives would be opposed to or in favor of the homeless person moving in with them.

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[1] The full question was explicitly worded to cover parents, siblings and other relatives, as follows, "You mentioned that you have (parents/brothers or sisters/other relatives) here in Chicago. Assuming that they would want to and have the room, would you be opposed to or in favor of going to live with them?"

The answers given to these two questions are shown on the first two lines of Table 9.4. A little less than two in five (38%) of the homeless would want to go and live with relatives if the latter would have them. And a slightly lower proportion (36%) believed that their relatives would have them. In sum the majority of the homeless would not want to live with their relatives and a majority believe that their relatives would not want them.

Table 9.4

Living With Relatives
[Phase II Only]

	Under 40		40 & Over		
	Males	Females	Males	Females	Total
A. Wants to Live with relatives	52.6	18.7	31.5	39.9	38.3
B. Relatives want respondent to move in with them	40.8	18.2	42.9	40.0	35.9
C. Both relatives and respondent in favor	23.7	3.1	14.3	20.0	16.3
D. Respondent opposed but relatives favor	17.0	15.6	28.6	20.1	19.9
E. Relatives oppose but respondent favors	20.8	12.5	11.4	19.9	19.8
F. Both Relatives and respondent oppose	27.0	62.5	39.9	33.4	39.0

Homeless women under 40 were the most alienated from their relatives and believed that very few of their relatives would have them. Nineteen percent would go to live with their relatives and only 18% believed that their relatives would favor such a move. In contrast, homeless men under 40 were much more favorable to going to live with their relatives (53% in favor) and many (41%) believed that their relatives would have them. Older men and women fell in between the other two groups with older women showing a higher level of interest in going to live with their relatives.

In the bottom portion of Table 9.4, the joint distribution of the answers to the two questions is shown. The trends discussed above are even clearer in these data. Young women clearly saw that they were not welcome in their relatives' homes and certainly did not want to move in. Only 3% of the young women both wanted to go to their relatives and also saw themselves as welcome.

In contrast, about one in four (24%) of the young men wanted to move in with relatives and believed that their relatives would have them. Another one in five would have wanted to go, but believed that their relatives would not have them. Older men and women fell between these two groups.

Maintaining Social Ties with Spouses and Children

The next category of kin, considered in Table 9.5, are spouses, both current and former. As we noted earlier in Chapter 4, very few of the homeless, save for younger women, were currently married or formerly married. That is the reason why so few (31%) have living spouses or ex-spouses. Contacts were quite high for those who do, with nearly two out three (62%) maintaining contact. Of course, it is probably the enduring ties through children that kept the level of contact so high, even though most of the marriages in question had long since been broken. But, the low level of current and former marital ties, made spouses and former spouses the least frequent of all (19%) in overall contact.

Table 9.5

Maintaining Social Ties with Spouses and Ex-Spouses

A. Overall Measures

Proportion with spouses or ex-spouses still alive	31%
Proportion of live spouses or ex-spouses living in Chicago	35%
Proportion in contact among those with live spouses or ex-spouses	62%
Overall proportion in contact with spouses or ex-spouses	19%

B. Contact Patterns by Age and Gender

Sps Alive	In Chicago	In Contact	Under 40		40 & Over		Total
			Males	Females	Males	Females	
+	+	+	5.8	13.2	7.5	6.0	7.4
+	+	-	5.8	7.3	9.4	16.0	8.6
+	-	+	2.9	.6	5.8	1.0	3.5
+	-	-	7.4	12.1	14.8	16.5	11.9
-	-	-	78.2	66.8	62.4	60.5	68.7

Panel B of Table 9.5 shows that there were not strong differences by either gender or age in the levels of contacts with present and former spouses. Only women under 40 appeared to be different, having very high levels of contacts with spouses or ex-spouses living in Chicago. We suspect that children may have been the source of these contacts.

Although very few of the Chicago homeless had ever married, much larger proportions had children. (See Table 9.6) Almost half (47%) had living children, of whom close to two out of three lived in Chicago. Two out of three (64%) of the homeless maintained contact with their living children, a level of exercised contact that was exceeded only by the category of living parents. Primary ties up or down the generational ladder were the ones that were maintained the most.

Table 9.6

Maintaining Social Ties With Children

A. Overall Measures

Proportion with children still alive	47%
Proportion of live children living in Chicago	65%
Proportion in contact among those with live children	64%
Overall proportion in contact with children	30%

B. Contact Patterns by Age and Gender

Chldrn Alive	In Chicago	In Contact	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females	Total
+	+	+	21.2	63.6	10.1	24.6	22.6
+	+	-	4.8	4.0	11.1	9.2	7.6
+	-	+	7.0	2.2	10.1	2.8	7.0
+	-	-	6.8	3.4	13.6	10.2	9.4
-	-	-	60.3	26.8	55.1	53.1	53.4

Panel B shows that homeless women under 40 had the highest level of contact with their children. This is scarcely surprising since many of the young homeless women had some children with them in the shelters. At the other extreme, homeless men over 40 had the lowest amount of contact with their children.

Maintaining Friendship Ties

The size and complexity of a person's kindred are both largely out of her or his control. By marrying and having children or not doing so, one can enlarge or restrict one's kindred, but otherwise kindred size and complexity are the result of other persons' marriage and fertility patterns. Not so with friends, however. Having a friend is purely volitional, often not even requiring that the other person involved fully reciprocate the friendship avowal. Hence having friends and maintaining contact with them is a better index of a person's sociability and interpersonal skills than maintaining contacts with relatives.

Table 9.7

Maintaining Social Ties With Friends

A. Overall Measures

Proportion with good friends	48%
Proportion of good friends living in Chicago	90%
Proportion in contact among those with good friends	92%
Overall proportion in contact with good friends	44%

B. Contact Patterns by Age and Gender

Has Frs	In Chicago	In Contact	Under 40		40 & Over		Total
			Males	Females	Males	Females	
+	+	+	43.8	44.3	41.7	27.9	41.1
+	+	-	3.3	1.8	1.9	2.1	2.4
+	-	+	4.1	1.6	3.6	2.2	3.4
+	-	-	.3	1.1	2.7	1.1	1.4
-	-	-	48.5	51.2	50.0	66.7	51.6

As might be expected, less than half (48%) of Chicago's homeless had friends they can "count on".[2] (See Table 9.7) Nine out of ten (90%) lived in Chicago. Contact was maintained with the overwhelming majority (92%). (It appears that the term "friends you can count on" probably implies regular contact.) Overall, slightly less than half (44%) were currently in contact with one or more good friends.

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[2] The exact wording of the item in question was "Do you have any friends you can count on?" This item was so worded in order to measure friendship relationships that involved more than superficial acquaintanceship.

The age and gender patterning displayed in Panel B of Table 9.7 shows only one group differing from an almost identical pattern: Women over 40 were significantly less likely to have friends and to maintain contact with them. Less than a third of this group had any friends at all.

Overall Social Ties

Although it appears clear that the homeless had low levels of contacts with relatives and friends, it is quite possible that few were completely isolates. Many may have had no friends, but had contacts with relatives and possibly children. This raises the question of how these contacts overlapped or compensated for each other.

Table 9.8 presents data on this question. In Panel A we have put together data indicating whether each person has some contact with parents or siblings or other relatives (family of orientation). Nearly nine out of ten (88%) had some relative alive in these categories. Three out of five had contacts with some member of their family of orientation.

Panel B contains measures concerning contacts with spouses and children (family of procreation). More than half (55%) had a family of procreation, but only 32% were in contact with any such persons.

In the first row of Panel C, we combine the information on contacts with both family of orientation and family of procreation to come up with a measure of isolation -- the proportion of persons who had no contacts with members of either group. Thus measured, one in three of the homeless were isolated.

The second row of Panel C, adds contacts with friends to come up with another measure of isolation, consisting of persons who had contacts with neither friends, nor with members of the their families of procreation and orientation. Isolation in these terms characterized about one in four (24%) of the homeless.

Note that there were consistent age and gender variations in either measure of isolation. Homeless persons over 40 were more likely to be isolated than persons under 40. Of course, least isolated were young women, whose enduring ties with their children disqualified them as isolates. Most isolated were homeless women over 40, two out five of whom had neither friends nor family with whom they maintained contact.

Summary

Overall the strong impression left by the data presented in this chapter is of persons who do not have extensive ties to either relatives or friends. Of course, it is not possible to state whether the relationship between low levels of social ties and homelessness is a reciprocal one or more directly causal. Surely, it must be difficult to maintain ties with persons when one is so poor that there can scarcely be any reciprocity. It must also be the case that many of the homeless are persons with whom it is difficult and perhaps painful to maintain pleasant relationships. Whatever the process, the outcome is that many of the homeless are completely isolated and most have quite superficial ties to others.

Table 9.8

Summary Contact Measures

	Under 40		40 & Over		
	Males	Females	Males	Females	Total
A. Family of Orientation (Parents, Siblings and Other Relatives)					
1. Has live members of family of Orientation	92.6	94.1	86.0	76.0	88.3
2. Is in contact with some member	68.2	73.9	50.8	45.6	59.6
B. Family of Procreation (Spouse and Children)					
1. Has live members of family of procreation	43.8	79.8	55.5	61.2	54.8
2. Is in contact with some member	29.1	67.5	25.6	31.6	32.8
C. Isolation Measures					
Not in contact with any relatives, spouse or children	28.4	8.7	41.5	47.9	33.3
Not in contact with family and has no friends	20.9	6.5	26.7	40.9	23.7

CHAPTER 10

Some Policy Implications

The preceding chapters have covered a large number of topics, surprisingly so for the data yielded by a survey with fewer than 1,000 respondents and using an interview that lasted on average less than 20 minutes. The yield per data point and respondent in this survey is so great because the survey dealt with an area of American society which was largely terra incognita. Many topics that would be tedious and boring when dealing with domiciled Americans become fascinating in connection with the homeless because the latter are so different. Of course, the fascination is not that generated by an admirable spectacle, but more that of a tragedy. Although there is much to admire about the homeless, chiefly their dogged tenacity in the face of multiple adversities, the general tenor of our findings is that an important segment of our society, for whatever reasons, must live on or beyond the boundaries of decent, humane life conditions.

In this chapter, we will attempt to sketch an overall panorama of the Chicago homeless. Although one is tempted to use the word "portrait" instead of "panorama", it is necessary to use a metaphor that provides for some sharp emphasis on the diversity that exists among the homeless. In addition, we will attempt to point out the ways in which ameliorative actions may be taken to lessen the burdens that homelessness imposes.

Common Ties

Whatever the root causes of homelessness may be, the presenting symptoms are the characteristics that the homeless have in common. Four conditions are held in common:

First, by definition, the homeless do not have regular and customary access to the kinds of dwellings that most in our society recognize as meeting current standards of decency. This lack of access is partially a market failure and partially a consumption disability. That is, the current Chicago housing market does not offer housing at prices that the homeless can afford and conversely the homeless do not have the resources to meet current housing prices.

Second, the homeless are poor, almost beyond the imagining of most of the readers of this report. Their average daily cash income is less than six dollars and half of the homeless had to make do with less than four dollars a day. There is simply no way that almost all of the homeless can purchase shelter, food and other basic necessities on such incomes. That the homeless do not starve altogether, that many manage to have roofs over the heads, and beds in which to sleep is a tribute to the shelters, soup kitchens, and other welfare organizations that provide these necessities.

Third, the homeless are long time sufferers from unemployment and underemployment. Although less than one in ten had steady employment, usually at jobs that paid poorly and appeared to be part time, most of the employment enjoyed by the one in three who earned some money the month previous to the interview did so from jobs that had low wage rates, were casual and intermittent. For most of the homeless, their last steady jobs had been held four or more years ago. Most likely, at best, they had had several years of under-employment before we interviewed them.

Fourth, the homeless were also family-less, in the sense of not being members of households that include adults with whom they had primary kinship ties: That is, they were not living with spouses, parents, or adult children. Furthermore, although many had relatives living in Chicago, their ties to them were tenuous and fragile. One in four were seemingly complete isolates, having neither relatives nor friends with whom they were in contact.

The four characteristics listed above are important indicators of why they were homeless. Without steady jobs that were full-time and had adequate wage levels, the homeless were poor. Without commitments from family and friends, they lacked the usual buffers against the immediate and direct impact of poverty. For most of us, in moments of financial crisis, our relatives and friends stand as buffers against immediate plunges into abject poverty and homelessness. Of course, relatives and friends cannot buffer one indefinitely. For many of the homeless, their periods of unemployment and poverty seemingly had far outlasted the buffering abilities of their social networks.

Varieties of Homelessness

Beyond the commonalities that were shared by almost all homeless, there were important differences. Some of the more important differences are discussed below:

Family Leavers

Some of the homeless can be called "family leavers", having left, on their own initiative, the household arrangements they had been in. Among the homeless, young women, often with children, appeared to be rejecting their social networks and attempting to strike out on their own. Our best guess is that such homeless were attempting to escape from oppressive marriages or insupportable household arrangements with parents or other relatives. In Chicago, these young women stayed homeless for relatively short periods of time, apparently until they could be enrolled under the AFDC program. The special shelters that cater to this variety of homeless explicitly designate themselves as "transitional", providing help that can ease the transition from one household arrangement to another.

"Family leavers" appear to be especially prevalent among homeless women under 40, about one in ten of the Chicago homeless population. Family leavers tended to be young women, often with children, who predominantly used shelters and remained homeless for only a few months.

Family Rejects

In contrast, many young (under 40) homeless men appeared to have worn out their welcome in their previous households, mainly parental families, and were homeless because they could not support themselves and could no longer count on their parents and other relatives to provide them with shelter. Three out of four had living relatives, but only one third were in contact with relatives. This is the group with the highest proportion of those who said they would go back to their families, if the latter would have them, but who did not believe they would be welcomed.

Men under 40 accounted for about four out of ten of the homeless. Of course, not all were "family rejects".

The Chicago Homeless Study provides hints about some of the reasons for their being rejected by their families. Homeless men under 40 had the highest levels of both mental hospital institutionalization and detoxification, the highest average scores on psychotic thinking, and the highest levels of contact with the criminal justice system. Not only had they been financial drains on their families but they had been also often in trouble and likely had been difficult to deal with.

The Older Homeless

By definition[1], older homeless persons constituted half of the homeless we interviewed. Homeless men who were over 40 were more difficult to characterize as a distinctive group. The older homeless were also alienated from social ties, but this state seemed to be a long standing condition. Being older, they had fewer living relatives to maintain ties with. If they had been married, the marriages likely had been dissolved a long time ago. And, of course, they had been homeless for longer periods. Often, it was a decade or more since they had held their last steady jobs.

The older homeless men appeared to be simply older versions of the younger men but who had little hopes of being reabsorbed back into households with family ties. Among this group, physical disabilities were high. Interviewers rated their appearances as shabbier and dirtier. They have had frequent contacts with the criminal justice system, have high levels of mental illness and physical disabilities.

In contrast, older women were somewhat distinctive. They did not appear to be the aged counterparts of the young homeless women. If they had once escaped from oppressive household conditions, that was many years ago. Many had never married or had been divorced for a long time. Consequently, their level of rejection of families was much lower than among younger women.

Interviewers rated many older homeless women as shabby and dirty. Some fitted the stereotype of "bag ladies", having been located in bus and train stations carrying paper parcels stuffed with their belongings. Next to young homeless men, they showed the highest levels of psychotic thinking and were rated by our interviewers as the highest in showing confused thinking and being incoherent in speech. Oddly enough, older homeless women showed the lowest levels of institutionalization in mental hospitals. It was almost as if the older women had either denied having been institutionalized or had been avoiding treatment for a long time.

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[1] Older persons were defined as those above the median in age (approximately 40).

The Accumulation of Troubles

Each successive chapter of this report has documented another set of problems and troubles experienced by Chicago's homeless. Unemployment is endemic, but so are signs of mental illness and poor health. The homeless have also frequently had run-ins with the criminal justice system. The accumulation of these conditions results in a description of the homeless in which only a very small handful do not suffer from one disability or another.

Table 10.1

Accumulated Reported Problems of the Homeless
[Phase II Only]

Number of Reported Problems[a]	Under 40		40 & Over		Total
	Males	Females	Males	Females	
0	3.3	4.4	3.6	2.2	3.4
1	22.3	8.9	10.1	13.3	14.6
2	18.2	17.8	18.0	40.0	20.9
3	18.2	44.4	26.6	28.9	26.3
4	20.7	15.6	22.3	6.7	18.9
5	9.9	4.4	14.4	2.2	10.0
6	6.6	2.2	4.3	2.2	4.6
7	.8	2.2	.7	4.4	1.4

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[a] Consisting of the following conditions: 1) Not employed at all in last month; (2) Being without a steady job for one or more years; (3) Having higher than average scores on the demoralization scale; (4) Having higher than average scores on the psychotic thinking scale; (5) Being in jail, prison or on probation; (6) Having been in a mental hospital or detoxification unit; and, (7) Reporting fair or poor health.

In Table 10.1, we present the result of counting up each individual's problems, including unemployment, criminal justice punishments, indicators of mental illness, and self reported fair or poor health. Adding them all together, less than 4% had had no problems at all to report. Another one in three (35%) had only one or two such problems. The remaining three out of five (61%) had three or more problems, with 16% reporting five to seven problems. Obviously, virtually none of the homeless were completely without any problems, and more than half have multiple problems.

When the various components of the overall problem count shown in Table 10.1 are considered separately, as in Table 10.2 and 10.3, similar results appear: Table 10.2 reports that more than four in five (83%) had employment problems, and Table 10.3 states that more than four in five (82%) had mental health and/or crime problems.

Table 10.2

Reported Employment Problems
[Phase II Only]

Number of Reported Problems[a]	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females	Total
0	24.0	11.1	15.1	8.9	16.9
1	47.1	24.4	41.0	44.4	41.4
2	28.9	64.4	43.9	46.7	41.7

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[a] Consisting of being totally unemployed during the previous month and having last held a steady job more than one year ago.

Table 10.3

Reported Health, Mental Health and Crime Problems

Number of Reported Problems[a]	Under 40 Males	Under 40 Females	40 & Over Males	40 & Over Females	Total
0	17.4	22.2	14.4	28.9	18.3
1	27.3	40.0	25.2	40.0	29.7
2	22.3	22.2	30.9	20.0	25.4
3	21.5	11.1	16.5	4.4	16.0
4	8.3	2.2	12.2	2.2	8.3
5	3.3	2.2	.7	4.4	2.3

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[a] Problems consist of the following: Having been institutionalized for mental illness, sentenced by a court, having been in a detoxification center for alcohol or drug abuse, above average score on CES-D, and above average scores on psychotic thinking scale.

The measuring devices used as the bases for Tables 10.1, 10.2 and 10.3 are hardly finely tuned instruments that could be used in clinical practice. Nevertheless, those tables can be interpreted to mean that almost all of the homeless had disabilities of one kind or another to some degree. These findings certainly can be no surprise to anyone. In addition, some critical disabilities largely went unmeasured. In particular, the Chicago Homeless Study included no measure of alcoholism or drug abuse, except for self-reported use of detoxification units, a good indicator of alcoholism in the past but an ambiguous indicator of current alcohol abuse.

Policy Implications

Although the Chicago Homeless Study was not designed to be relevant to any specific social policy, there are some general policy implications that can be drawn from our findings, as follows:

First, there was clearly a widespread failure of the public welfare system in reaching a very eligible and clearly deserving population. That General Assistance was enjoyed by only one in five of the homeless whereas up to four out of five were likely eligible (according to regulations) was clearly a failure of some magnitude. Not that the $154 per month afforded by General Assistance would be able to bring many of the homeless into the homed population: These payments are too small to do so. But, the inadequacy of the payments does not gainsay that the money involved could have been the basis for some improvement in the living conditions of the homeless.

Nor would widespread participation of the homeless in General Assistance have inflicted a severe burden on the public welfare system. The current General Assistance rolls in Chicago are carrying slightly more than 100,000 individuals. An additional 1,000 to 1,500 recipients would scarcely swell the rolls to an unbearable size.

The public welfare system was not the only set of income maintenance programs that had failed to meet the legitimate needs of the homeless. Given the extremely high levels of disability shown in the last section, many of the homeless were likely to have been eligible for payments under Supplemental Security Income or other disability plans. The chronically mentally ill among the homeless in particular would have been an especially promising group to whom benefits could have been extended. Homeless persons who were eligible should be helped to get on the rolls and to maintain their eligibility, once attained. Successful steps in this direction potentially could move significant proportions of the homeless into domiciled conditions.

It should be borne in mind that disability payments are comparatively generous, providing payments that exceed by several magnitudes the average incomes of the homeless, and perhaps large enough to make it possible for many of the homeless to afford places among the lowest bracket of the rental housing market.

It should also be noted that participation in income maintenance programs imply many benefits that increase real income beyond the effects of the cash payments alone, including participation in the food stamp program and medicaid. Anyone eligible for General Assistance, AFDC, or disability payments would also be eligible for participation in other programs that would provide benefits that could only improve the conditions under which the homeless currently live.

Why the income maintenance programs of local, state, and federal agencies have not covered the homeless adequately is a topic that might be worth special study. It may well be that the homeless are the group of eligibles most vulnerable to the tides of strengthening and loosening eligibility requirements that periodically sweep through the agencies in question, and hence are more likely to lose their eligibility in times of budgetary stringency and most likely to be denied eligibility in times when budgets are more generous. The pattern shown in Chapter 5 suggests that many of the homeless have applied at one time or another for benefits, many have been on support programs, but also many have lost their benefits as well. Although we did not collect data relating to the reasons why benefits were lost, it is clear that it was difficult for the homeless to maintain their eligibility consistently.

It may also be the case that the process of establishing eligibility may often be beyond the capability of homeless persons without cash for transportation and with uncertain sleeping and other routines. To be at a certain place at a particular time may be a difficult obstacle for the homeless to overcome. Whatever the mix of reasons that apply in this case, there are many ways that difficult to reach populations have been reached in other programs. The fact that the homeless in the shelters managed better than the street homeless to establish and maintain welfare eligibility, suggests that shelter personnel may have been able to help some of the homeless to negotiate successfully with the agencies involved.

Secondly, there is considerable evidence that the homeless lack the buffering capacities that go along with being members of households. Policies that make it easier for the homeless to remain household members or become reintegrated into households are useful to explore. We propose that the welfare department explore the provision of subsidies to households who take in additional adult members[2]. Currently the Welfare department provides subsidies to shelters: Why not offer subsidies to households[3] to accomplish the end of providing (we believe) better shelter and better dwelling amenities?

Thirdly, it is essential to consider ways in which the homeless can be helped to rise out of that condition. It goes without question that the current GA benefit levels of $154 per month are not sufficient to maintain a decent minimum living standard for any individual. The main ways in which a GA beneficiary can just get by is by supplementing benefits by funds, goods or services from one or more of the following: 1) Wages from occasional labor (subject to 100% marginal tax rate[4]); 2) In-kind subsidies from private households in the form of room, food and other gifts; 3) In-kind subsidies from charitable organizations that run shelters, soup kitchens, clothing exchanges, etc.; and 4) cash gifts and handouts from private individuals (also subject to 100% marginal tax rate). In-kind transfers are not subject to the internal tax rate of the Public Welfare Department and cash earnings or transfers are not likely to be subject to the tax rate in fact. Of these sources, the most important proportionately are the wages from occasional and part time work. Note that many of these sources are highly variable over time and subject to capricious change.

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[2] We leave it to the ingenuity of those who write regulations to define "family members". Certainly, any definition would include parents, children and siblings, but whether grandchildren, grandparents, and other more distant kin should be included may run up against logistic problems.

[3] A major obstacle to consideration of this proposed policy is that many of the existing GA recipients are currently members of households -- usually unmarried or formerly married adults living with relatives -- and would thereby become eligible for subsidies, considerably increasing the total cost of the proposed subsidy.

[4] That is benefits are reduced one dollar for each dollar of earned income after a minimum forgiveness amount.

The public Welfare Department ought also to consider dropping its internal tax rate (mainly because it cannot be enforced) and raising the level of permissible earnings to a point where the total of earnings and benefits can reach levels permitting the enjoyment of a decent minimum standard of living. Assuming for the moment that a monthly cash income of $400 is the goal amount for the maintenance of a decent minimum living standard, then permissible earnings should be raised to about $256 per month. There may be many objections to this proposal, perhaps mainly of an ethical or moral variety, but its main positive feature is that without the expenditure of additional public funds, it may be possible to allow some of the homeless to move out of that condition.

In this connection, it may be important also to consider making provisions for supported work environments in which the long term unemployed are helped to reenter the labor force through a series of subsidized employment opportunities progressively graded in terms of demands made on the worker.

Fourth, there are obvious failures in both the general health system and the mental health component. The post hospitalization treatment of discharged patients appears to consist mainly of neglecting to provide any treatment. This is especially threatening to homeless persons who have neither families to provide nursing nor places to take needed rest. Released patients who need to continue on therapeutic regimes are clearly put under stress if no provision is made to make such therapeutic regimes possible.

There are many clear signs in these data and in other studies of the homeless that alcoholism among the homeless reaches epidemic proportions. We also suspect that other varieties of substance abuse are also taking their toll. Much of the intended impact of the recommendations made above would be severely blunted if nothing was done to lower the prevalence of substance abuse among the homeless, particularly among men. We have no specific suggestions about which programs should be attempted, leaving those proposals to persons specializing in that field.

Finally, homelessness may be only superficially a housing problem, but many problems can be alleviated through treatment of their superficial manifestations. The housing problem of the homeless consists of the failure of the housing market to provide decent low cost housing for extremely low income single person households. As was shown in Chapter 5, it is expecting the impossible for the market to provide such housing at prices that the homeless could afford. As in other areas of social need, when the market fails, then public program measures need to be taken either to provide goods and services directly or to distort the market in socially beneficial ways. Traditional means taken to aid the housing market to provide housing for the poor have been to provide housing directly by building and operating housing specifically reserved for qualified households, to subsidize the building and operation of housing by private sector firms with the housing to be reserved for designated groups, or to subsidize the rents paid by poor households. We make no specific suggestions here since it is not clear to us that the housing problems of the homeless have been sufficiently studied to provide the data necessary to support one or another proposal. For example, if there are no existing structures suitable for single person households, then it may make sense to directly intervene to build some such housing units. On the other hand, it may make some sense to subsidize the upgrading and modernization of existing dormitory shelters. Whatever may appear sensible to do, it is clear that there is an existing need.

An Optimistic Postscript

Much of the content of this report hardly inspires joy and happiness. There is virtually nothing inspiring about the condition of the homeless. Yet there is an optimistic implication from our findings, as follows: The homeless population of Chicago is small enough that taking steps to alleviate the conditions of the homeless will not be a very heavy drain on public resources. It is easily within the reach of the current budget magnitudes of the Illinois Department of Public Welfare to extend GA coverage to most if not all of the eligible homeless. Nor would it strain any of the other income maintenance programs to extend coverage to homeless persons eligible for those programs. Although either or both steps would not meet all the needs of the homeless, the economic conditions of the homeless would be improved by at least a magnitude.

The size of the homeless population also augers well for some of the other proposals made in the last section. It is fortunate that homelessness is not more widespread because its size makes it easier to apply resources to its alleviation.

References

Arce, A.A., M. Tadlock, M.J. Vergare, et al. 1983. "A Psychiatric Profile of Street People Admitted to an Emergency Shelter." *Hospital and Community Psychiatry* 34: 812-17.

Bacrach, Leona. 1984. *The Homeless Mentally Ill and Mental Health Services: An Analytical Review of the Literature*. Prepared for the Alcohol, Drug Abuse & Mental Health Administration, U.S. Department of Health & Human Services.

Bassuk, Ellen. 1984. "The Homeless Problem." *Scientific American* 251: 40-45.

Bassuk, E.L., L. Rubin, and A. Lauriat. 1984. "Is Homelessness a Mental Health Problem?" *American Journal of Psychiatry* 141: 1546-9.

Baxter, Ellen and K. Hopper. 1981. *Private Lives/Public Spaces: Homeless Adults on the Streets of New York City*. New York: Community Service Society, Institute for Social Welfare Research.

Brickner, Philip and Arthur Kaufman. 1973. "Heart Disease in Homeless Men." *Bulletin of the New York Academy of Medicine* 49: 475-84.

Brickner, Philip and Thomas Filardo. 1984. *Medical Aspects of Homelessness*. New York: Department of Community Medicine, St. Vincent's Hospital and Medical Center.

Brown, Carl, Steve MacFarlane, et al. 1983. *The Homeless of Phoenix: Who Are They And What Should Be Done?* Phoenix: Report prepared for the Consortium for the Homeless by the Phoenix South Community Mental Health Center.

City of Boston Emergency Shelter Commission. 1984. "The October Project: Seeing the Obvious Problem." In *HUD Report on Homelessness*. Joint Hearing before the Subcommittee on Banking, Finance and Urban Affairs and the Subcommittee on Manpower and Housing of the Committee on Government Operations. Washington D.C.: 98th Congress, 2nd Session.

City of Chicago Department of Planning. 1985. *Housing Needs of Chicago's Single, Low-Income Renters*. Chicago: City of Chicago Department of Planning.

Community for Creative Non-Violence. 1980. *A Forced March to Nowhere. Homelessness: A National Priority*. Report for the House District Committee. Washington D.C.: CCNV.

Comstock, George W. and Knud J. Helsing. 1976. "Symptoms of Depression in Two Communities." *Psychological Medicine* 6: 551-63.

Cormack, R.M. 1972. "The Logic of Capture-Recapture Estimates." *Biometrika* 29: 79-100.

Crystal, Stephen, et al. 1982. *Chronic and Situational Dependence: Longterm Residents in a Shelter for Men*. Report prepared for Human Resources Administration of the City of New York. New York, N.Y.

Cuomo, Mario M. 1983. 1933/1983--Never Again: A Report to the National Governor's Force on the Homeless. Portland Maine.

Dohrenwend, Barbara S., Bruce P. Dohrenwend, Bruce Link, and Itzhak Levav. 1983. "Social Functioning of Psychiatric Patients in Contrast with Community Cases in the General Population." Archives of General Psychiatry 40: 1174-1182.

Dohrenwend, Bruce P., Patrick E. Shrout, Gladys Egri, and Frederick S. Mendelshon. 1980. "Nonspecific Psychological Distress and Other Dimensions of Psychopathology." Archives of General Psychiatry 37: 1229-1236.

Fischer, Pamela J., Sam Shapiro, William R. Breakey, James C. Anthony, and Morton Kramer. 1986. "Mental Health and Social Characteristics of the Homeless: A Survey of Mission Users." American Journal of Public Health 74: 519-24.

Frankel, Martin. 1983. "Sampling Theory." Chapter 2 in Handbook of Survey Research, edited by Peter H. Rossi, James D. Wright, and Andy B. Anderson. New York: Academic Press.

Hombs, Mary Ellen and Mitch Synder. 1984. Homelessness in America: A Forced March to Nowhere. 2nd Edition. Washington D.C.: Community for Creative Non-Violence.

Lamb, H. Richard. 1984. "Deinstitutionalization and the Homeless Mentally Ill." Hospital and Community Psychiatry 35: 899-907.

Link, B. and Dohrenwend, B.P. 1980. "Formulation of Hypotheses about the True Prevalence of Demoralization in the Unitied States." Pp. 114-132 in Mental Illness in the United States: Epidemiologic Estimates, by B.P. Dohrenwend, B.S. Dohrenwend, M.S. Gould et al. New York: Praeger.

Nashville Coalition for the Homeless. 1986. "Coalition Enumeration Brings Questions." Newsletter 1:3.

Parsons, Lynne. 1986. Literature Review of Studies which Deal with the Size of the Homeless Population. Amherst, MA: University of Massachusetts, Social and Demographic Research Institute.

Radloff, Lenore Sawyer. 1977. "The CES-D Scale: A Self-Report Depression Scale for Research in the General Population." Applied Psychological Measurement 1: 385-401.

Robertson, Marjorie J. and Michael R. Cousineau. 1986. "Health Status and Access to Health Services among the Urban Homeless." American Journal of Public Health 76: 561-3.

Robinson, Frederic G. 1985. Homeless People in the Nation's Capital. Washington D.C.: University of the District of Columbia, Center for Applied Research and Urban Policy.

Rossi, Peter, James D. Wright, and Andy B. Anderson. 1983. Handbook of Survey Research. New York: Academic Press.

Salerno, Dan, Kim Hopper and Ellen Baxter. 1984. Hardships in the Heartland. New York: Institute for Social Welfare Research, Community Service Society of New York.

Seber, G.A.F. 1973. The Estimation of Animal Abundance and Related Papers. London: Griffin.

Stagner, Matthew and Harold Richman. 1985. General Assistance Profiles: Findings from a Longitudinal Study of Newly Approved Recipients. Chicago: University of Chicago, NORC.

Sudman, Seymour. 1976. Applied Sampling. New York: Academic Press.

U.S. Department of Housing and Urban Development. 1984. A Report to the Secretary on the Homeless and Emergency Shelters. Washington D.C.: Office of Policy Development and Research.

Weissman, Myrna M., Diane Sholomskas, Margaret Pottenger, Brigitte A. Prusoff, and Ben Z. Locke. 1977. "Assessing Depressive Symptoms in Five Psychiatric Populations: A Validation Study." American Journal of Epidemiology 106: 203-14.

Wiegard, R. Bruce. 1985. "Counting the Homeless." American Demographics 7: 34-7.

APPENDIX A

Technical Notes

I. Overview of Other Studies Estimating Homeless Populations

Since starting the Chicago Homeless Study, the research staff at SADRI has attempted to collect as many contemporary empirical studies of the homeless as possible. Our collection has been confined mainly to monographs and articles, avoiding newspaper items, except when the items appear to be based on some sort of empirical study. The current number of monographs and articles, published and unpublished, now number about 50.

National "Estimates"

Many of the individual items in our collection cite national and/or local homeless population estimates, but many of the estimates are simply based on citations of estimates in other publications. Among the most frequently encountered citations, is an estimate of "from two to three millions" in the United States, whose ultimate source appears to be a report to the House District Committee issued by the Community for Creative Non-Violence (1986). Almost as frequently cited are the considerably lower estimates produced by a Housing and Urban Development Task Force (HUD, 1984).

Neither of these two cited sources relied on direct counts of homeless persons. The Committee on Creative Non-Violence is distressingly vague on how its estimates were arrived at. For example, in a later volume issued by the Committee (Hombs and Snyder, 1982) the authors note that they came to their estimates based on information received from "more than 100 agencies and organizations in 25 cities and states . . . It is as accurate an estimate as anyone in the country could offer, yet it lacks absolute statistical certainty." (p. xvi) They go on to estimate that during 1983 the number of homeless could reach "three millions or more". The authors do not give any details concerning what information was received from the agencies and organizations and on the distribution of those agencies throughout the United States.

The HUD Report also relies on information collected from other sources, but provides detail on the four approaches used for arriving at estimates. We will describe these four approaches in some detail because each is typical of approaches used in other studies that do not rely on direct counts.

The first approach involved extrapolating to the nation as a whole from the highest published local homeless estimates that claimed to consist of the total number of homeless at one point in time. No effort was made to assess the accuracy of the estimates used. In order to calculate the rate of homeless in 37 cities from which published estimates were available, HUD summed the estimates for all the cities involved and divided that sum by the total metropolitan population in those areas.

It should be noted that the Rand McNally Metropolitan Areas (RMAs) were the basis for the overall population figures. RMAs are defined by township and locality versus SMSAs which are defined in terms of whole counties (HUD, p.12). In most cases, RMAs do not cover as much area geographically and tend to exclude rural areas included in SMSAs. The study presents an overall homeless rate of .0025. Extrapolating from this rate to the entire nation yields a figure of 586,000 homeless. The study allows that this is likely to be an outside estimate because of the means used to calculate it. Published estimates are likely to come from areas where homelessness is more severe. In addition, the study points out that the procedure assumes a constant rate of homelessness in cities and rural counties, which HUD argues later in the report is not so.

The second approach attempted to obtain local estimates more systematically by gathering them from local experts in a national sample of metropolitan areas and assessing their accuracy. By using a "valid" national sample[1], the researchers assured that the estimates did not come just from areas where homelessness is extreme or from places about which estimates happened to have been published. To assess the accuracy of the estimates, over 500 interviews were conducted so that several estimates for each place could be assessed comparatively. In addition, the definition of homelessness was standardized and estimates gathered for the same time period (any given night, Winter, 1984). The number of estimates obtained in each city ranged from 3 to 5 for smaller cities to 8 to 12 for large metropolitan areas.

In order to produce a national estimate, each of the local city estimates was weighted in terms of the respondent's knowledge and the source of his/her information. For instance, an estimate from a street count throughout a city was weighted 4, while an estimate based on police records and observations received a weight of 2. Weighted estimates for each city were averaged to produce a single city estimate. HUD presents the lowest, highest, and most reliable estimates for each of the 60 metropolitan areas in the sample. A national estimate of homeless in all metropolitan areas (210,000) was then calculated from these data. Making the assumption that the rate of homelessness in small towns and rural areas was the same as that for the small metropolitan areas, HUD researchers multiplied the population outside metropolitan areas by this rate and came up with an estimate of 44,000 for rural areas. This figure was combined with the estimate for metropolitan areas for a total estimate of 254,000.

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[1] A two stage sampling plan was used: the first stage involved selection of a sample of metropolitan areas to represent all metro areas in the nation; the second stage involved selection of a sample of shelters to represent the universe of shelters located in metropolitan areas. Briefly, the first stage was a stratified sampling plan using 394 RMA's with more than 50,000 in population. The strata reflected population sizes. Samples of 20 cities per stratum were selected with probability proportionate to the square root of their population. A metro area with population over 4 million was selected with certainty. Strata were also arranged by geographic region. In the second stage, the shelter sample was drawn from a list of all shelters in the 60 metro areas. The list was ordered to preserve the distribution of shelters by type of clientele and geographic region. The 60 sampled cities contained 679 shelters out of an estimated 1,811 nationwide. The desired sample size was 200. Thirty eight shelters were selected with certainty (capacities of over 200 persons per night, or weighted shelter capacities of over 300 persons); the total number of shelters in the sample was 206.

The third approach arrived at a national estimate by extrapolating from estimates given by shelter operators in the national survey. The figures gathered from the shelter operators were not assessed for accuracy but accepted as given. By extrapolating from these estimates, HUD came up with a national figure of 309,000 for all metropolitan areas. The 44,000 estimate for rural homeless derived at from the second approach was then added leading to an overall national estimate of 353,000. This latter figure was represented as the average number of homeless on any given night during the winter of 1984 (December 1983 and January 1984).

The fourth approach arrived at a national estimate by estimating the number of homeless in shelters and the number of homeless on the streets and summing the two sub-estimates. The results from the national shelter survey were used to estimate the number of homeless on any given day found in shelters (average of 69,000). This 69,000 figure combined both metropolitan and rural shelter populations. In estimating the number of homeless on the streets, HUD presents estimates from two sources. The first is data from the 1980 Census "casual count" and the second is data presented in four locally conducted studies (Phoenix, Boston, Pittsburgh, and Boston) in which separate counts were made of shelter and street homeless populations.

The "casual count" undertaken by the Census in 1980[2] was an attempt to count transient people in the streets or other public/private places where they congregate. The count only took place in some census districts; HUD extrapolates from the census figure of 23,237 (based on counts covering cities comprising 12% of the US population) to a total figure of 166,000 homeless in the nation. They proceed to adjust this figure both upwards to account for changes since the Census was taken and downward to adjust for large-city bias in the "casual count." The final adjusted estimate from extrapolating from the "casual count" is 198,000.

The second method for arriving at an estimate for the total homeless on the streets nationwide was to extrapolate from three local studies of street and shelter counts, apparently undertaken in systematic ways during mild weather when the homeless are more likely to be found on the streets. HUD calculates an average ratio, 1.78, of homeless in the streets to homeless in shelters based on the results of these three studies. Using the 69,000 figure for homeless in shelters, HUD estimated the total number of street people to be 123,000.

Depending on whether the estimate for street people is taken from the "casual count" extrapolation or the estimation from the three studies, figures for the total homeless range from 192,000 to 267,000.

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[2] Unfortunately, we have not been successful in learning any details about the 1980 Census "casual count" other than the fact that it had been conducted. None of the Census publications mention the "casual count", and calls to the Census Bureau have not yielded any additional information.

The range of estimates derived from the four approaches is 192,000 to 586,000. The HUD Report (p.19) concludes that the most reliable estimate for the number of homeless people in the nation on an average night during Dec 1983 or Jan 1984 is 250,000 to 350,000.

To sum, three of the methods--extrapolation from highest published estimates, extrapolation from estimates obtained from local interviews in a national sample of 60 metropolitan areas, and extrapolation from estimates from a national sample of shelter operators--do not deal with actual counts. The fourth approach is the only one which estimates from actual counts of those in shelters and in the streets nationwide. As HUD points out, the shelter count population was based on a national probability sample and the street count was done by the U.S. Census in a non-random sample of cities.

Although the HUD Report provides more information on how its estimates were calculated and in that sense produced considerably more credible estimates than the Committee on Creative Non-Violence, nevertheless some of the assumptions necessary stretch that credibility quite thinly. The first HUD approach uses unevaluated estimates that simply "happen" to exist. The second approach is somewhat better in that local estimates are solicited in a systematic way, but there were no systematic assessments of the "expert opinions" used.

The third approach simply restricts the opinions solicited to a single type of source, shelter operators, whose guesses about the total number of homeless in their cities may be better than anyone else's, but are still of unknown accuracy.

Finally the fourth approach makes the simplifying assumption that the ratio of street to shelter homeless is uniform across cities and across seasons. As we have seen in Chapter 3, the street to shelter ratio is highly affected by seasonal variation, although the total Chicago homeless population is not. Our findings cast considerable doubt on the use of ratios from any set of cities.

Local Estimates Based on Actual Counts

Most of the published local estimates are either simply guesses or interpolations from national estimates. For example, the estimate of 25,000 homeless in the city of Chicago is based, as far as we can tell, on the application of the Committee on Creative Non-Violence's estimate that 1.5% of the American adult population are homeless to the adult population of Chicago.

Our archive of collected empirical studies of homeless population contains four local studies which are noteworthy because they are based on counts of the total homeless populations in the cities in question. We will describe these studies in some detail, pointing out how they resemble and differ from the Chicago Homeless Study.

Washington, D. C.

Undertaken by the University of the District of Columbia's urban studies center (Robinson, 1985), this study was sparked in large part by the requirements of Initiative 17 (Nov 1984) which attempted to establish the legal right to adequate overnight shelter to residents of Washington D.C. The initiative also required an assessment of the numbers of persons who desire overnight shelter on any given night and the University was given the task of conducting the assessment. (Initiative 17 was declared invalid by the courts in July 1985, and is now in court of appeals).

The study defined the homeless as "those in the city's shelters, on the street, sleeping in places such as sidewalks, vacant lots, cars in alleys, subway entrances, train stations, or seen entering an abandoned building, known homeless persons in hospitals, and recent homeless admissions to Saint Elizabeth's (psychiatric) Hospital".[3]

Data was collected from four sources: 1) a street count, 2) a shelter count, 3) counts reported from hospitals and police stations, and 4) an intensive count in one ward directed at uncovering "hidden homeless." These procedures are described below:

An actual street count (census) of the homeless was undertaken for the entire city of Washington on the night of July 31 1985. Since Washington is divided into 37 Advisory Neighborhood Commissions (ANCs) with designated boundaries, researchers chose the ANC as the unit to be canvassed on the night of July 31 and the early morning hours of August 1, 1985. Some ANCs were combined, others subdivided. The final areas canvassed numbered 29. A total of 29 teams (at least 2 members to a team -- a research assistant and a person experienced with homeless from D.C. Office of Emergency Shelter Support and Services) covered the entire city of Washington D.C. between the hours of 9:30 p.m. and 3:30 a.m. The area counts were made by driving through the ANC district, stopping when necessary to verify observations. Whenever possible, team members spoke to persons they encountered to determine if they were homeless. As mentioned above, people were definitely counted as homeless if they were sleeping in areas where the homeless are found typically such as alleys or subway entrances. They were also counted as homeless if seen entering an abandoned building. However, the final decision whether any person encountered was homeless rested with the field observers who "decided whether a person was to be counted as homeless. The teams' assessment was based upon the specific circumstances encountered." (Robinson, 1985, p. 6) The street count totalled 714.

The numbers of homeless in most of the shelters were taken from shelters' monthly occupancy reports to the D.C. Commission on Homelessness. The counts from two shelters were obtained directly from the shelters, while the Committee on Creative Non-Violence shelter count was obtained from reported estimates. The shelter counts were also for the night of July 31, 1985. The total shelter was 1,848 homeless; when added to the 714 counted in the street, the total count was 2,562 homeless on July 31, 1985.

While police stations and the city hospitals were telephoned on the night of the count to determine the number of homeless, the counts were not used in final figures or estimates. (There were no homeless in the police stations, but quite a few in hospitals, especially in Saint Elizabeth, the District psychiatric hospital.)

An intensive count of the hidden homeless was undertaken in two ANC areas in Ward I by one of the 29 teams. (Ward I is located close to the Central Business

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[3] After the count from hospitals is reported, the research team decides to exclude the numbers from the official count or subsequent estimates. Reasons for the exclusion are not given in the report.

District of downtown Washington and is a place where many homeless congregate.) The team was composed of an experienced social worker, a policeman in plain clothes, and two shelter residents. The shelter resident assistants led the team to such places as vacant buildings, parking garages, roof tops, etc. Shelter resident assistants reported 280 homeless to be spending the night in these areas[4].

The intensive examination searching for the "hidden homeless" yielded an estimate of homeless for Ward I that was considerably greater than the count obtained by the unaided observer team. The researchers proceeded to make city-wide adjustments based on the intensive count. The ratio of 1:2.5 open homeless to concealed homeless was used to extrapolate to a city-wide estimate of concealed homeless of 1,785 concealed homeless. When added to the 714 open homeless as well as the 1,848 homeless in shelters yielded a total estimate of 4,347 homeless in Washington on the night of July 31 1985.

But the adjustment process did not stop with the census count, corrected for the hidden homeless. Concerned that other count teams may have underestimated the number of open homeless (in ANC areas contiguous to the areas designated for the intensive count, the counts were comparatively low suggesting that the more comprehensive team counted more open homeless in general), the study multiplied the count of open homeless not conducted by the intensive count team by 2 (regular teams count only half as many open homeless as the special team) to arrive at 1,316 open homeless on the streets. Multiplying this figure by 2.5 to allow for the ratio of hidden to open homeless, the researchers arrived at a corrected total of street homeless, 4,606. Added to the shelter count, a final figure for the total homeless in Washington D.C. was 6,454.

The report presented three estimates: a "confirmed actual count estimate" of 2,562; a "probable adjusted estimate", 4,347; and a "possible adjusted estimate", 6,454.

In attempting to check its estimates for accuracy, the study compares its results to those which would have been extrapolated using three of HUD's methods (estimates from the ratio from the 3 city studies, from the adjusted U.S. Census casual count, and from interviews with local observers). In analyzing the five estimates, the first estimate from the D.C. study is the lowest, while the highest study estimate falls in the middle of all the 5 estimates, but far below the Committee on Creative Non-Violence estimate of 35,000 for the District of Columbia.

The Washington D.C. study's approach comes closest of all to that used in the Chicago Homeless Study. It is based on actual counts of homeless persons, using much the same definition of homelessness. It differs in three important ways: First, the Chicago study is based on a sample of blocks, a feature which implies that its estimates are surrounded by a band of uncertainty produced by sampling. Second, the D.C. study did not ascertain directly in every case whether or not persons encountered on the streets were in fact homeless. In some unknown proportion of the cases, that judgment was made by the team observers, based on appearances. Third, the intensive search used in the DC study in only one area was precisely the approach used in the Chicago study in all areas searched. This means that we did not use a ratio between on the street homeless and hidden homeless obtained in an area of high density of homeless person to inflate our estimates.

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[4] The intensive search is reported as taking place several days prior to the street count. Shelter resident assistants accompanied the team leader to point out areas where the "open" and "hidden" homeless might be found. The count of the "hidden" homeless is described as being based on "supervised investigation". It is not clear in the report whether the homeless present in such places were counted or the number of homeless who were "ordinarily" in those places was reported to the team. Nor is it clear whether persons encountered were interviewed or not to determine their homeless status.

Phoenix, Arizona

Two studies of the homeless have been conducted in Phoenix (June 1982, July of 1982 and March, 1983),as reported in Brown et al, 1983. Our attention is focused on the second 1983 study, which attempts to estimate the homeless population of Phoenix. In the first study 150 "chronically, temporarily, periodically, and almost homeless" p.2) who used meal programs supported by two agencies were interviewed in-depth to obtain information on the profile of the homeless in Phoenix, as well as to determine the nature and need for mental health care for the homeless.

In developing a plan to offer services to the homeless, The Consortium for the Homeless, sponsor of the first study, realized the need for additional information going beyond that provided in the earlier study. Accordingly the purpose of the second study conducted in the winter of 1983 was threefold: 1) to determine the size of the homeless, 2) to compare results from the first study conducted in the summer with the results from a winter study on the homeless, and to see how these matched stereotypes, and 3) to obtain new information to gain a more comprehensive profile than the summer study provided.

Although there does not appear to be any basic definition of homelessness, this study clearly deals with the "almost homeless" as well as the homeless. In a telephone conversation with the principal author, he stated that the definition used dealt with the homeless on a continuum which ranged from those who were not actually on the "streets" and had some means of support and shelter to those literally on the "streets." However, there is no suggestion or statement in the report that indicates how persons who were "not on the streets and not in the shelters" were counted.

The actual counts, as described in the report, centered around a few sites. Persons interviewed and counted in the census were contacted at the St. Vincent de Paul (SVDP) food line, the SVDP and Salvation Army shelters, the SVDP Transient Aid Center, urban camps, and motels rented by the Salvation Army for families. The homeless so counted may consist of persons passing through the city or those who had established a routine which involved the use of one of the two emergency shelters available. These shelters had been formed since the time that the first study was conducted, in part to deal with the growing number of "urban camps" which were springing up in Phoenix.

The "census" was conducted over the course of three weeks in the middle of March, 1983. Every person found at each of the sites was asked to participate in the census by answering a short census schedule (8 questions). In addition, every 7th census respondent was also asked to participate in an in-depth interviews. At each site, at least two employees from the Research and Development Department of the Phoenix South Community Mental Health Center conducted the census and the in-depth interviews.

The "census" involved systematically counting (and interviewing with the short questionnaire) the entire population at each site. In shelters, the homeless were counted "bunk-to-bunk"; in camps tents were counted "in rows." At the food lines, census enumerators visited on several occasions to try to include all users. To correct for duplications, census respondents were later sorted by initials and birth date on a computer with any replications discarded. A total of 200 replications were eliminated by this procedure.

The "census" questioned 1,264 people who reported a total of 1813 homeless individuals. These additional homeless were family members traveling with those counted (people indicating they had family with them were multiplied by their family size). The study states that this figure reflects only one point in time, not an annual total of homeless. It is not clear what was the geographic reference for the study. Urban "camps" in all urban areas in the Valley were not counted; the homeless in rural camps were also not counted either, unless they used services at the census sites. By its own admission, the study is not a complete count of all the homeless in the Phoenix metropolitan area.

Although the Phoenix study is based on an actual count, the procedures for selecting sites were not described in sufficient detail to allow an assessment of the extent to which that selection constituted a fair census of places where homeless persons may be found. Furthermore, the census is centered around shelters and other arrangements for sheltering and feeding homeless persons and cannot be seriously considered as a complete census of all homeless persons in Phoenix, primarily because homeless persons who do not use such facilities at all are omitted from the census. For these reasons, the Phoenix study has serious and likely fatal flaws.

It should be noted that the flaws are ones that would lead to an undercount of the Phoenix homeless, omitting any consideration of homeless who were not using the facilities at the sites where the "census" was conducted.

Nashville, Tennessee

Five "complete" enumerations of homeless persons have been conducted in Nashville, Tennessee over the period from December 1983 to December 1985. Sponsored by the Nashville Coalition for the Homeless, these studies were designed to document the seemingly increasing homeless population of the city, each to be a "rigorously designed and executed enumeration."

The definition of homelessness used in these enumerations included people who literally had no "roof over one's head" as well as the more encompassing definition, "homelessness was diminished safety, comfort and privacy--a social disaffliction." (Wiegard, 1985, p. 35) This broader definition included those in welfare hotels and shelters, but not those staying with friends or family. By including those in shelters, the researchers would be able to develop a street-to-shelter ratio and track it over time. Researchers further identified the homeless by whether or not they presented a "slovenly appearance." Enumerators were trained to look for signs such as uncleanliness, ill-fitting clothing, and matted hair to decide if a person was homeless.

The five actual enumerations serve as the basis for estimating the extent of homelessness in Nashville. Wiegard (1985) describes procedures used in the first four counts conducted over the period of one year. Enumerations were conducted on the first day of each season (Dec. 21, 1983; March 21, 1984; June 15, 1984; Sept. 25, 1984). Geographically, the study was limited to Lower Broadway, essentially the skid row area of town where the highest number of homeless could be found. Lower Broadway consists of approximately 180 blocks within a four mile perimeter. Before the count, researchers covered every block in the area to determine possible sleeping places. They recorded on maps the locations of abandoned vehicles, unoccupied buildings, etc. and identified areas where the homeless were likely to sleep in camps. Enumeration sites consisted of missions and shelters, hotels, coffee shops, the general outdoors, and other facilities such as the city jail.

Five teams of two enumerators each counted the homeless from 3:30 a.m. to 6:00 a.m. on each of the above mentioned first days of the four seasons. These hours were chosen to lessen the chance of double counting; it also allowed them to count those sleeping in the Union Rescue Mission which releases the homeless at 6:00 a.m.

Results of the counts range from a low of 689 in the summer of 1984 to a high of 836 in the spring of 1984. The winter and fall counts were almost the same--820 in the winter of 1983 and 821 in the fall of 1984. The article points out that this reflects the stability of the homeless population in every season except summer.

Ratios of street-to-shelter populations changed with the seasons. The ratio for the winter was 1 street homeless to 25 shelter homeless, for the spring and summer 1 to 8, and for the fall (highest) 1 to 5. These ratios are quite different from the ratios shown in Chapter 3 of this report and also the ratio used by HUD in its third approach to the national estimation of the homeless.

In discussing the differences between his findings and those of HUD, Wiegard suggests that either the geographical area they counted had an "inordinate number" of shelter beds or that other studies have erred in overestimating the homeless on the street. They attempt to justify their results by pointing out that an actual enumeration is preferable to surveying experts for estimates.

The fifth count was conducted on December 20, 1985. (Nashville Coalition for the Homeless, 1986.) The same techniques were used to enumerate the homeless with some variations. Seven teams were used instead of five. Through telephone calls to a Mr. Lawrence of the Coalition Staff, we also secured the following information concerning the fifth enumeration: In the previous four counts, researchers had identified places where the homeless are likely to congregate with the help of Wiegard, who was familiar with spots where the homeless would be likely to be found. In the fifth count, researchers consulted with an actual "homeless" person who took them around for a few days to show them spots where he knew the homeless congregated. Spots which had not been included in the earlier counts were added. Thus locations for counting the homeless were increased for the fifth study but the actual geographic area was left the same.

Nevertheless, the fifth count yielded a total of 714 homeless persons, higher than the first count, but about 15% less than three of the four counts. The street to shelter ratio was 1 to 6.

The Nashville study also has much to recommend it, especially its attention to careful enumeration of the sites chosen and in its attention to potential seasonal variation in the size of the homeless population. However, like the Phoenix survey, this enumeration undoubtedly produces conservative estimates because the site chosen for enumeration admittedly does not exhaust all places where the homeless might be found.

Boston, Massachusetts

Two attempts to estimate the extent of on homelessness were undertaken in Boston in October of 1983. (City of Boston Emergency Shelter Commission , 1984.) The first was a "one night" count of the homeless including street and shelter populations; the second was a four week pilot study conducted to assess the "doubled and tripled up family phenomenon" in Boston. The overall purpose of the studies was "to generate data which would provide a more accurate count of Boston's homeless citizens." (p. 94) We will not be concerned here with the attempt to estimate the amount of doubling and tripling since the methods used consist mainly of interviewing churches and other organizations about their knowledge of such overcrowding and did not attempt directly to count the extent of that condition.

The definition of homelessness used in the first project assumed a person was homeless if she or he was seen entering an abandoned building, sleeping on park benches, sidewalks, in doorways, in alleyways, in vacant lots, in cars parked in vacant lots and alleys, or sleeping in subway, train and bus stations. "In judging a person being homeless or not homeless, common sense prevailed." (p. 99)

The "one night" homeless count was conducted as follows: Actual street counts and shelter counts were made on the night of October 27, 1983. Persons deemed to be homeless were counted an every street throughout Boston with the exception of the West Roxbury and Charlestown neighborhoods (because of time and personnel limitations). The major part of Boston was counted by teams, each composed of two Emergency Shelter Commission workers "canvassing in their cars" between 9:00 p.m. (Oct. 27, 1983) and 7:30 a.m. (Oct 28, 1983). The section of Boston known as the Combat Zone and its periphery (including an all night theater and the North Station area) was canvassed by one worker on foot. This worker was experienced with street youth and was from a social service agency. On foot coverage was also conducted in areas such as Kenmore Square, Chinatown, various terminals and subway stations, and hospital emergency waiting rooms.

The areas to be canvassed were organized geographically and workers were instructed to cover specified areas to avoid the likelihood of double counting and overlapping. A police escort was provided for the count of Boston Common and the "downtown/Government Center areas."

Persons doing the counting were left to judge for themselves if a person seen on the streets was homeless. If a worker was uncertain whether or not a person was homeless, she was instructed to ask the person, if feasible, whether he or she had a place to go for the night. Both members of a team had to be in agreement that 1) the person to be counted was homeless, and 2) that he/she had not been counted before. Counting was done conservatively in the sense that if there was the "least doubt" that a person was homeless, they were not counted as homeless.

Limitations that the study itself acknowledges are the lack of count in Charlestown and West Roxbury, as well as the fact that in general, the workers did not investigate "dead end alleys. . . abandoned buildings, dumpsters, parking garages, or MBTA bus and train yards. . . only a few cars . . .were explored." (p. 30)

In addition, several agencies such as the Red Cross, police stations, and hospitals reported a number of homeless which were added to the street count. In all, 1,190 homeless were counted.

In conducting the shelter count, the report notes that 21 shelters reported their census for the target night. The tally came to 925 homeless in shelters. In addition, 9 detoxification centers and 6 mental health inpatient units reported their census for the homeless on the night of Oct. 27. All were based in Boston except one, which takes referrals of homeless Boston men. The count from these institutions was 652. The total shelter count came to 1,577. Not included in the shelter count were youths who had been referred to adolescent shelters from the Department of Social Service. Shelter statistics are presented for individuals and for families (counted as family members).

The final count for the night of October 27, 1983 was 2,767 homeless. The study is clear in pointing out that this figure is "in no way an absolute representation of Boston's homeless census." (p.98)

The Boston "census" described above was similar in procedure to the District of Columbia "census". Its validity depends heavily on the ability of the observers used to discern by visual inspection whether or not a person encountered was homeless. In addition, important areas of Boston were omitted with unknown effect on the resulting estimate. Finally, it appears that no intensive searchws were made for homeless persons who had found shelter in abandoned buildings, alleyways, public places such as bus stations, hospital emergency rooms, etc.

Some Comments on Previous Estimation Attempts

None of the estimation attempts described above employed exactly the same procedures. Some concentrated on obtaining counts from specific sites, ignoring the possibility that some homeless may be in other places. Some relied on judgmental procedures for determining whether a person encountered by an enumerator was homeless or not. Few made intensive searches of the areas in which they searched for homeless persons, with the notable exceptions of the Nashville and District of Columbia studies. Most important, none used systematic sampling procedures that insured coverage of all subareas.

All of the estimates were plagued by the fear that they had underenumerated the homeless. All of the reports remarked that their estimated numbers were on the low side, sometimes magnitudes less than previous (undocumented) estimates. To be fair, however, this fear was ordinarily fully justified: Most of the studies had clear underenumeration biases, with the exception of the Washington D.C. study.

The Washington, D.C. study comes closest to providing credible estimates of the homeless population. Despite heroic attempts to adjust the actual accounts upwards, the final estimate was magnitudes less than those promoted by the Committee on Creative Non-Violence.

Evaluated in conjunction with the Chicago Homeless Study, the evidence on the size of the homeless population tends to sustain the following conclusion: The more rigorous the study of an urban place, the more likely it is that the resulting estimates of the size of the homeless population will be considerably lower than estimates based on the opinions of experts.

II. Computation of Chicago Homeless Population Estimates

The purpose of this section is to provide a detailed description of how population estimates were computed in the Chicago Homeless Study. Estimates of the homeless population were made separately for each wave of the survey (Phase I and Phase II), for each component of the survey (street and shelter samples), and for each substratum of the street and shelter samples.

The general procedures used were the same for each subsample. An average number of homeless per unit sampled (i.e., shelter or census block) was computed and multiplied by the total number of units in the substratum from which the sample was drawn. This projection is the population estimate[5] for the substratum. The standard error of the population estimate is obtained by multiplying the standard error of the mean number of homeless per unit sampled[6] by the total number of units in the substratum.

Substratum estimates were combined in the following manner: Substratum estimates of population size were added together to form stratum estimates (i.e., estimates of street and shelter populations), and then stratum estimates were added to form a total estimate. Estimates of the standard errors of the strata and the total population were obtained by adding the squares of the estimated standard errors for each substratum and taking the square root of the total[7].

Street Samples

The street population by definition consisted of all those homeless who on a given night were not staying in shelters. The street survey attempted to find such persons, first by sweeping a sample of census blocks, probing into every area where a homeless person might be found; and then by interviewing as many of those encountered in the sweep to determine whether they were homeless. A summary of encounters, screens and screening outcomes by block or cluster for each of the three strata is shown in Table A-1.

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[5] This procedure is equivalent to the conventional and perhaps more familiar procedure of multiplying each homeless person in the subsample by the inverse of the probability of being selected to estimate the homeless population in each substratum.

[6] The sample error of the mean is the standard deviation of the sample divided by the square root of the sample size.

[7] Standard errors are measures of the average distance from the mean. As such, they follow the laws of Euclidean geometry, and in particular the Pythagorean theorem, that the distance from one point to another in multi-dimensional space is the square root of the sum of squared distances along each dimension. In this case, each substratum is a separate dimension.

In general, it was not always possible to screen every person encountered in the sweep of the blocks. Some of the persons approached simply ignored the interviewers; others misinterpreted the interviewer's request; still others simply refused; and a few broke off the interview before a determination of their residential status could be made. In Phase I, 103 of the 144 encounters (72%) in the high density stratum, 104 out of 142 encounters (73%) in the medium density stratum, and 25 out of 32 encounters (78%) in the low density stratum were adequately screened.[8] In Phase II, the percentages adequately screened were: high density, 84%; medium density, 86%; and low density, 76%.

Table A-1

Screening Outcomes for the Street Subsamples

	Low	Density Medium	High	Total
Phase I				
Encounters	32	142	144	318
Screened	25	104	103	232
Homeless	3	15	5	23
Phase II				
Encounters	59	22	208	289
Screened	45	19	174	238
Homeless	2	0	28	30

The conventional method of incorporating missing information into the sampling design is to inflate the estimated mean number of homeless per block/cluster by the degree to which the blocks/clusters in each stratum were underscreened[9]. The estimated standard errors of the means are inflated in the same way. The multipliers used in Phase I are: high density, 144/103 = 1.398; medium density, 142/104 =

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[8] I.e., enough information was obtained during the screening interview to make an objective determination of the respondent's homeless status.

[9] This procedure assumes a) that the probability that one is homeless, given that he/she is encountered is the same as the probability that one is homeless, given that he/she is encountered and adequately screened, and b) that this probability remains constant throughout all the blocks/clusters in the substratum sample. Under these assumptions, the probability that one is homeless given an encounter is estimated by the ratio of the number classified as homeless to the number adequately screened. This estimate is multiplied by the total number of encounters to obtain an estimate of the total number of homeless in the substratum sample. The multiplier is then computed as the ratio of the estimated total number of homeless to the number of screened homeless.

1.365; and low density, 32/25 = 1.280. The multipliers used in Phase II are: high density, 208/174 = 1.195; medium density, 22/19 = 1.158; and low density, 59/45 = 1.311.

The estimates of the homeless population on the streets or in public places for Phase I and Phase II are shown in Table A-2. The computational procedures described above were used to make the estimates. The mean homeless per block/cluster in each substratum is multiplied by the multiplier and then by the number of blocks/clusters in the substratum to obtain the population estimate. Similarly, the standard error of the mean (labeled SE in Table A-2) is multiplied by the multiplier and then by the number of blocks/clusters to obtain the standard error of the population estimate. Clusters were used as the sampling unit in the low density stratum. The cluster size was 5 blocks in Phase I and 3 blocks in Phase II.

Table A-2

Computation of Homeless Population Estimates from the Street Subsamples

A. Phase I Estimates

Stratum	Mean per Block/ Cluster	SE	Multi- plier	Number of Blocks/ Clusters	Population Estimate	Standard Error
High	.102	.060	1.398	295	42	25
Medium	.306	.098	1.365	806	337	108
Low	.214	.155	1.280	3662	1004	726
TOTAL					1383	735

B. Phase II Estimates

Stratum	Mean per Block/ Cluster	SE	Multi- plier	Number of Blocks/ Clusters	Population Estimate	Standard Error
High	.571	.400	1.195	295	202	141
Medium	0.0	0.0	1.158	806	0	0
Low	.041	.029	1.280	6103	326	229
TOTAL					528	269

An additional set of estimates of the homeless population on streets and in public places was made, using interviewer assessments of the truthfulness of the respondent's answers to the screening interview. In a few cases (9 in Phase I and 13 in Phase II) the interviewer felt on the basis of the respondent's appearance and/or answers that the respondent was really homeless. The estimates obtained by incorporating interviewer assessments are shown in Table A-3.

Table A-3

Estimates of the Homeless Street Population That Incorporate Interviewer Assessments

substratum	Phase I Population Estimate	Phase I Standard Error	Phase II Population Estimate	Phase II Standard Error
High density	98	40	281	181
Medium density	378	95	0	0
Low density	1004	726	653	316
TOTAL	1480	734	934	364

Using interviewer assessments increases the estimate by 7% in Phase I and by 77% in Phase II. The sharp increase in Phase II occurs because 2 additional cases were added in the low density substratum, where each case has a weight of 125 (before proration of non-screened cases).

Although interviewer assessments suggest that our estimates of the homeless population, based solely on screening criteria, may be slightly low (amounting at most to an undercount of 406 homeless in Phase II), the accuracy of these assessments cannot be determined. Using them will probably lead to an overestimation of the number of homeless. Hence, our final estimates, shown in Table A-2, are based strictly on the responses made to the screener questions. We present the estimates shown in Table A-3 only as one way to assess the extent of downward bias inherent in the use of survey data.

Shelter Samples

Estimates of the shelter population were derived from enumerations of shelter rosters during the survey periods. A master list of shelters was drawn up, and substrata were formed on the basis of shelter size. In the large size substrata the enumeration was complete. In the smaller size substrata, population estimates were projected from samples of varying sizes.

Two substrata were used in Phase I consisting of 19 large shelters and 9 smaller shelters, the latter having fewer than 20 beds. The sample consisted of all 19 shelters in the large size substratum, and 3 of the 9 shelters in the small size substratum. Three substrata were used in Phase II. The large size substratum (37+ beds) numbered 17 shelters, all of which were enumerated. The medium substratum (18 to 33 beds) numbered 12 shelters, 6 of which were enumerated. The small substratum (fewer than 18 beds) numbered 16 shelters, of which 4 were enumerated. To complete the estimation of the shelter population in Phase II, NORC conducted a telephone survey to obtain occupied bed counts during the survey period from 7 of the Chicago's 9 warming centers[10] that had not been included in the master list of shelters from which the substratum samples were drawn.

Phase I. Only one estimate needed to be made of the homeless population residing in shelters. Of the 28 shelters identified at the time of the survey all but nine of these were fully enumerated, giving a count of 919 occupants. The remaining nine shelters were small, each having fewer than 20 beds. Three of these were sampled. The sample had a mean of 4.67 occupants per shelter. The standard error of the mean (adjusted for a finite population) was 1.453. Consequently, the estimated occupancy of the nine small shelters was 9 x 4.67 = 42 homeless; and the standard error of the estimate was 9 x 1.453 = 13. There is no standard error for the 19 larger shelters, because they were fully enumerated. Thus the estimate for the homeless population staying at shelters is 919 + 42 = 961 with a standard error of 13.

Phase II. Of the 17 shelters sampled from the first substratum, one, R.E.S.T.-People's Church, refused to participate. This shelter has 50 beds. The shelter reported to the City of Chicago Department of Human Services that all its beds were full on the night it was scheduled to be surveyed. Combining this information with the enumeration data, a total of 1151 adults were found in this substratum. This estimate has no sampling error, because all shelters in the substratum were enumerated.

There was one refusal, Deborah's Place, in the second shelter substratum. Its report filed with the city of Chicago stated that 8 of its 30 beds were occupied. A second shelter, Lincoln Park, delayed participation, but at length its occupancy was found to be 26 out of 30 beds. The mean of the 6 shelters sampled in this stratum (one half of the total) was 14.17 with a standard error (adjusted for a finite population) of 2.2466. The mean and standard error were multiplied by 12, the total number of shelters in this stratum, to obtain a population estimate of 170 and an estimated standard error of 27.

Two of the 4 shelters sampled in the third substratum, Unity Shelter and Catholic Worker House, refused to participate in the survey, but both filed reports with the city of Chicago Department of Human Services stating that they were filled to capacity (16 beds and 10 beds respectively) on the night they were to be sampled. Of the two remaining shelters in the sample, the first, Pilsen Little Village, had 5 occupants and 13 beds; the second, St. Pius V parish, with 5 beds, was empty. The mean number per shelter was 7.75; the standard error of the mean (adjusted for a finite population) was 2.9660. The population estimate is 124; the standard error of the estimate is 47.

There were nine warming centers in operation during the field period of the second wave. Two of these, Wellington Street and The Port, were included in the shelter listing, and Wellington Street was included in the shelter sample. Occupancy estimates for the seven warming centers not on the list of shelters were obtained by telephone calls from NORC to the warming centers made each night of the field period, and by information provided by the Department of Human Services of the City of Chicago. The two sources were in fairly close agreement. In general, the estimates obtained by calls from NORC to the shelters were used.

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[10] The Chicago Park District opened its park buildings to homeless persons whenever the temperature fell below 20 degrees (F). These buildings had no sleeping accommodations, but were heated and provided shelter when the temperature was so low that there was a serious threat of hypothermia. On the Phase II nights that these "warming centers" were opened, NORC supervisors called each center to ascertain the number of persons being accommodated on those nights.

Since estimates were available for a seven day period, a nightly mean and standard error for each of the 7 warming centers was computed. The means of the 7 centers were then combined to form the estimate of the number of homeless in warming centers at any given night during the field period. That mean was 48. Similarly, the squares of the standard error of the mean for each warming center were added together, and the square root of the sum was used as the estimate of the sampling error of the grand mean. The standard error was estimated at 6.

The estimate of the total homeless population in shelters during the Phase II survey was obtained by combining the estimates from the various substrata, as shown in Table A-4.

Table A-4

Phase II Estimates of Homeless Population in Shelters

Shelter Substrata	Population Estimate	Standard Error
Large Shelters	1151	0
Medium Shelters	170	27
Small Shelters	124	47
Warming Centers	48	6
SHELTER TOTAL	1492	55

Capture-Recapture Estimates for Phase II

The original design of the study contemplated using the capture-recapture method (Seber, 1973) to estimate the homeless population. We abandoned this approach because the homeless population is not "closed", i.e., there are many transitions in and out of the homeless state between the survey periods. Still, the capture-recapture method can be applied if one has a separate estimate of the percentage surviving from one phase of the survey to the next. The number of homeless "captured" in both surveys is inflated by the reciprocal of the survival rate . The percentage of Phase I homeless that were "recaptured" is assumed to be the same as the percentage of the total homeless population that was "captured" in Phase II. Accordingly, the total population size at the time of the Phase II survey is estimated by dividing the number sampled in Phase II by the percentage of Phase I homeless that were also surveyed in Phase II.

Of the 287 subjects who were given sample design interviews in Phase I, 24, or 8.36%, were given sample design interviews in Phase II. If this percentage is inflated by the reciprocal of the survival rate (estimated at .619 from the duration of the current episode of homelessness), the result is 13.51%. The number of design interviews in Phase II (n = 276) is divided by the inflated percentage of recaptures from Phase I to get an estimate of 276/.1351 = 2043 homeless in Phase II, with an estimated standard error of 411. The closeness of this estimate to the survey based estimate shown in Table 3.1 greatly increases our confidence in the survey methodology, but the larger standard error associated with the capture-recapture methodology provides a further argument for retaining the conventional area sampling approach that we have adopted.

III. Computation of Sample Weights

Weights were computed to make the survey samples representative of the homeless population for each Phase, and for the combination of Phases I and II. The principle followed in constructing the weights was to obtain a sample in which the numbers of street and shelter cases would be distributed as they are (estimated to be) distributed in the population[11]. To compute the weights the distribution in the population was applied to the sample to obtain expected n's in each stratum, street and shelter. The ratio of the expected n to the sample n is the weight that must be applied.

First, the distribution of street and shelter cases in the homeless population was computed as shown in Table A-5.

Table A-5

Distribution of Street and Shelter Population Estimates

	Street			Shelter		
	#	Row %	Total %	#	Row %	Total %
Phase I	1383	59.00	31.69	961	41.00	22.02
Phase II	528	22.14	12.10	1492	73.86	34.19

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[11] When combined stratified samples are used to make population estimates, the computation of standard errors becomes problematic. Accurate estimates of standard errors are obtained when the weights used in combining the samples take into account the "Design Effect", i.e., the gain in efficiency of the stratified sample over simple random sampling. But the design effect is not easily estimated. Consequently, a more conservative practice is generally followed. The samples are weighted so that the sum of the weights is equal to the sample size. This procedure is conservative in that it produces estimates of standard errors that are slightly larger than the true values. For a full discussion of this point see Frankel (1983, Pp. 45-47).

Using the within Phase percentages (Row % in Table A-5), the weights for Phase I and for Phase II separately were computed, as shown in Table A-6.

Table A-6

Computation of Weights for Phase I and Phase II Separately

	Phase I			Phase II		
	n	Expected n	Weight	n	Expected n	Weight
Street	74	219.48	2.966	92	91.49	.995
Shelter	298	152.52	.512	258	258.51	1.002

The Expected n in Table A-6 has the same percentage distribution as the population estimates. The weights for Phase II are so close to 1.0, that there is no need to weight this sample.

The weights for the combined samples were computed in the same way, using the distribution of the combined samples (Total % in Table A-5). These weights are shown in Table A-7.

Table A-7

Computation of Weights for Phase I and Phase II Combined

	n	Expected n	Weight
Phase I - Street	74	228.80	3.0919
Phase I - Shelter	298	158.98	.5335
Phase II - Street	92	87.36	.9496
Phase II - Shelter	258	246.85	.9568

APPENDIX B

Data Collection Procedures [1]

Introduction

The Chicago Study of the Homeless was an unusual study in many respects. Its purposes were to obtain an unbiased, accurate count of the city's homeless population and to gather information about the economic, demographic, and social circumstances of that population. The issues raised for survey research by this project were quite challenging, because the task involved, in addition to the major aspects of a standard survey, a difficult to reach population in settings that were far from standard. The sample frame from which the respondents were drawn was itself one of the most perplexing issues; the screening of potential respondents into or out of the sample posed many unusual problems because of the mobile and changing character of this population. The protocols and procedures for conducting the interviews required special considerations not typically encountered in a standard personal interview. This appendix describes some of the issues and how NORC dealt with them in developing and implementing the field procedures for the study.

To remind the reader of the context of these procedures, we briefly outline the elements of the study design that affect data collection operations. (The study design is described in detail in Chapter One.)

The survey of the homeless took place in the city of Chicago in two two-week phases, one in the temperate days of late September-early October 1985, the other in the dead of Chicago's winter, late February-early March, 1986. Interviews were conducted in shelters and in streets and other public places.

For the shelter portion of the study, a universe of shelters operating in the city was compiled for each phase. Twenty-eight shelters constituted the universe in Phase I, and 45 during Phase II. A sample of these shelters was selected: all large shelters (37+ beds), half of the medium shelters (18-33 beds), and one-fourth of the small shelters (less than 18 beds). In Phase I, this was 22 of the 28 existing shelters, and in Phase II this was 27 of the 45 shelters, representing total bed capacity of 1,573 and 2,001, respectively, for the two phases. (See Table 1.1 in Chapter One.) The participation rate for selected shelters in Phase I was more than 95 percent, and in Phase II more than 85 percent.

With the assistance of the shelter staffs, NORC interviewers created sampling frames for each shelter by enumerating all individuals who were residents in the shelter on the night of interviewing. In Phase II, a sample of residents was then selected: one in four in the large shelters, one in two in the medium shelters, and all that evening's residents in the small shelters.

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[1] The authors of this appendix are Mary Utne O'Brien, Sarah Segal Loevy and Ann-Sofi Rodén of the staff of NORC.

Finally, selected individuals were interviewed, sometimes immediately after a shelter's doors shut for the night, but often the next morning or even on another day, at the convenience of the shelter operator and the selected resident. Participation rates for selected shelter residents were 83 percent in Phase I and 78 percent in Phase II.

For the street portion of the study, all census blocks in the city of Chicago (which includes all city blocks as well as all open areas such as parks and railroads yards, N = 19,409) were stratified according to the likelihood of finding homeless persons on them in the early hours of the morning (midnight-6:00 a.m.). Strata judgments were obtained from Chicago Police officers assigned to patrol those areas, and in many cases were supplemented by judgments from other knowledgeable individuals, including local community group leaders, parish priests, and shelter operators. These judgments yielded a high-density stratum of 295 blocks, a medium-density stratum of 806 blocks, and a low-density stratum of 18,308 blocks.

Independent samples of blocks were then selected for interviewer coverage for Phase I and Phase II, consisting of 49 high-density blocks at each phase, 49 medium-density blocks each phase, and 70 low-density blocks at Phase I, and 147 low-density blocks at Phase II (see Chapter One, Table 1.2).

Teams of NORC interviewers, accompanied by off-duty Chicago police officer escorts, were assigned to conduct screening interviews with all individuals encountered during a single circuit and intensive search of each block, conducted during the hours of midnight to 6:00 a.m. Individuals determined by the screening procedure to be homeless were then interviewed using the main survey questionnaire. The participation rate for screening of all individuals encountered was 73 percent in Phase I and 82 percent in Phase II. Ninety-six percent of those screened in Phase I completed the main survey instrument, as did 93 percent of those screened in Phase II (see Chapter One, Table 1.4).

Most of the procedures for locating, approaching, and interviewing homeless persons were devised and tested during extensive pretesting in the summer of 1985. While there were some changes in these procedures from Phase I to Phase II, for the most part they remained the same. In this appendix on procedures, a separate section at the end of each major section describes any differences in procedures introduced in the second phase.

Assignment of interviewers to individual shelters and streets was informed by advance "scouting" of individual sites. Shelter size and population served (e.g., whether mostly women and children or single men) were considered when staffing the shelter interviewing teams. Blocks were scouted for information on the terrain, level of pedestrian traffic, possible security concerns, and other information that could affect decisions about the number of interviewers and escorts to assign to each block and the optimum racial and sexual mix (e.g., no minority interviewers or escorts were sent to all-white neighborhoods).

Police escorts had specifically defined duties. In shelters and on streets, they were responsible for handling payment of respondents, including obtaining signed receipts ($5.00 was paid to all who completed the main survey, $1.00 to those completing just the screener). They were also responsible for all matters relating to security, and interviewers were instructed to yield to the officers' expert judgment about action to be taken in any situation.

The next section of this report presents a description of the pretest, the procedural questions it was designed to answer, and the answers it provided to those questions. Staffing and training for the main survey are then described. Finally, the last two sections of this report describe the street and shelter procedures for the main survey.

Questionnaire Development and Pretest

SADRI was responsible for the development of the main survey questionnaire and the initial version of the instrument used to screen homed from homeless individuals. As with all data collection instruments NORC fields, NORC pretested the instruments for issues of length, suitability of language for the group under study, adequacy of interviewer instructions, question order, and completeness of response categories. NORC provided substantial input into the screening instrument as experience was gained with the variety of life circumstances the screener would need to cover for the correct classification of persons as homeless or homed.

Two pretests were conducted in preparation for the survey activities, designed to address both procedural and instrument development issues. Prior to the pretests, there was almost no organizational experience in approaching and interviewing homeless respondents. The pretests proved essential to the development of most of the key aspects of NORC's procedures on streets and in shelters. As with any new experience, valuable insights were gained, numerous assumptions abandoned, and field plans revised accordingly.

The first pretest involved two nights of interviewing on the streets and interviewing in two shelters. A major goal of this effort was to address the question: How do you approach the homeless and conduct a 15 to 20 minute interview under unusual and difficult circumstances--in the middle of the night, on the street, in train stations, in alleys, or in abandoned buildings? In addition to questions about the unusual physical surroundings in which the interviewing was to take place, there were numerous questions about whether or not interviewers could successfully gain the cooperation of the homeless. Commonly held notions about the homeless maintained that they were suspicious, uncooperative, hostile, possibly dangerous, on drugs, mentally ill, or incoherent, and therefore almost impossible to interview. We also sought to test various schemes for the payment of respondent fees.

Very experienced NORC interviewers and project management personnel made up the interviewing staff for the pretest. Training was minimal, including mainly a review of the questionnaire and an extensive briefing on the purposes of the pretests--to gain insight into the procedures best suited for approaching and interviewing this population, and to be ready, in debriefing sessions, to make specific recommendations for training.

One hundred interviews on streets and in shelters were planned to provide information on these issues. To keep costs to a minimum for the street section of the pretest, areas where the homeless were likely to be found were deliberately sought out and as many homeless people as possible interviewed in these places. Screening of homed individuals was kept to a minimum. This was in contrast to the procedures specified for the main survey, where predesignated blocks were to be systematically "swept" and all persons encountered screened.

First Pretest: Streets and Shelters

Payment procedures. The pretest indicated that handing a respondent a $5 bill in payment for the screener and the questionnaire or a $1 bill for just a screener was less cumbersome and attracted less attention than standing in the street counting out singles for a $3 payment. Displaying cash unnecessarily endangered the interviewing team as well as the respondents. Three respondents encountered for a second time during the second night of the pretest told interviewers they had been "rolled" and their respondent payment taken. All three had been in the group that received $3. During the pretest, several respondents refused payment; this also happened during the main survey. They were afraid of being seen accepting cash and later being robbed. These incidents indicated the importance of making the payment procedure as simple and discreet as possible. Therefore, in addition to the choice of a $5 payment to homeless respondents, escorts were subsequently trained to "palm" the payment as they gave it to respondents.

Security. The homeless encountered during the pretest (as well as the main surveys) were not physically aggressive. Nevertheless, security was a major concern in planning for the interviewing of the homeless. We sought the cooperation of the Chicago Police Department, which was very helpful in recruiting off-duty officers to work as security escorts for NORC's interviewers. Several incidents occurred during the pretest that resulted in increasing the staffing plan from teams of two interviewers and one off-duty police officer to teams of two interviewers and two police officers. Although the homeless we encountered were not violent, there are other potentially dangerous individuals on Chicago streets between the hours of 12:00 midnight and 6:00 A.M., and off-duty police officers have a legal duty to respond to any incidents they encounter. At several points during the pretest, police officers were forced to leave their interviewing team unguarded while responding to street incidents. The change in our staffing plan meant that one policeman could respond to an incident while the other remained with the interviewing team.

Approaching the homeless. Although the homeless encountered were not dangerous, the overwhelming impression gained during the pretest was that they were fearful in encounters with strangers. How one approaches a homeless person for an interview therefore became a highly sensitive matter. We learned two things about the approach during the pretest. First, the police escorts should always introduce themselves and the interviewing team, saying that they were there to protect the interviewers and the respondent, not to bother the homeless person. We quickly learned that when the officer was not immediately introduced, the homeless person was always able to identify the police as such and therefore started the interaction on a negative note, with questions such as "Are you going to make me move?" or "Are you going to take me in?"

Second, we learned that the initial approach was extremely delicate, particularly with sleeping people. Our ground rules were quickly established: Never touch people to get their attention; keep your distance; try not to approach people from behind; and speak loudly enough to be heard but not so loudly that you alarm the person you are approaching; identify the police officer and yourselves immediately; and reassure the homeless that you are there to do an interview, not to harm them.

During the main survey, we stressed that the following procedures were particularly important when entering abandoned buildings where homeless people might be sleeping; interviewers were instructed to loudly shout "Hello, we're here to do a survey!" and to announce their presence as soon as they entered a building. During training, we also stressed that whether the respondent is walking, sitting, or sleeping, it is important to keep the respondent's perspective in mind during the initial approach. Sleeping respondents, for example, were to be treated like anyone being awakened in the middle of the night, and respondents sitting together talking were to be treated like any group whose conversation was being interrupted by a stranger. In sum, interviewers were instructed that the rules of decorum that apply to respondents in a survey of dwelling units apply to homeless respondents as well.

Fear of being robbed, physically harmed, or asked to move along by police was characteristic of the homeless, but this was particularly true for female homeless persons. Women were found to be the most difficult respondents in terms of gaining cooperation. Because they are more vulnerable, their defenses are greater. When approached by NORC interviewers, they were almost always extremely hostile initially and much more likely to become suspicious and attempt to break off during an interview. Although the NORC interviewers were successful at interviewing homeless women, the interviewing teams reported that their persuasive skills were tested and they were frequently forced to try varying approaches before obtaining cooperation.

Interviewing the homeless. Of particular importance to the later survey was the experience gained in interviewing respondents. The pretest experience showed that it was quite possible to interview the homeless effectively. Interviewer remarks indicate that less than 10 percent of the 102 homeless people interviewed during the first pretest were at any time "incoherent" and those that were seemed to lose their train of thought only in response to particular questions. The most common problem was not that respondents did not understand or answer questions sensibly, but rather that they would digress in response to certain questions. It was the impression of the interviewers that many of them needed the chance to talk about their situation and that certain questions touched emotional chords within them. This happened most frequently during the questions related to family and social contacts. When digressions occurred, the interviewers were able to probe the questions well enough to focus the respondent's attention on the question at hand, without being rude or unsympathetic. After allowing the respondent to talk for a couple of minutes, the interviewers were instructed to say "I'd like to talk with you some more about this later, but right now I think we should finish the interview; there are only a few more questions." By the time the interview was over the respondent was usually no longer interested in talking about the past.

Shelters. Two shelters were selected for the pretest. An attempt was made to follow the procedures designed for the main survey as strictly as possible, sampling residents at a specified rate.

Our experience during the pretest suggested that the homeless staying in shelters were less suspicious of the survey representatives than the homeless on the streets, probably because the cooperation of the shelter administrators persuaded them of the legitimacy of the survey. Our experience also suggested, however, that shelter administrators could be a serious obstacle to conducting interviews in shelters. Although extremely anxious to be cooperative, the two pretest shelter administrators were both very protective of the shelter residents' privacy and feelings, making it clear that cooperation from each individual had to be strictly voluntary and interviews had to be conducted at the convenience of residents and at times when interviews would not interfere with the daily routine. Although NORC's survey practices always strictly adhere to the principle of voluntary participation on the part of respondents and of creating as little inconvenience to respondents as possible, we had some difficulty in integrating the desires of the shelter administrators with the scientific design of the survey. The design required that we sample respondents only when everyone who would be staying in a shelter during a particular night was already there. Many respondents left first thing in the morning, making it difficult to time our survey activities around the schedules of the shelters and around the schedules of individuals who were staying there.

In addition, one of the two shelter administrators was extremely reluctant to give us a list of the names of people who were staying at the shelter, proposing instead that she would post a "sign up sheet" and explain the survey to residents herself. This was not acceptable as a sampling procedure and had to be rejected as an unacceptable alternative by NORC. The negotiations with the shelter administrator were lengthy, and at times we were unsure as to whether or not we would be able to interview in that shelter and also maintain the scientific integrity of the survey.

As a result of this pretest, we realized that it would be necessary for us to contact shelter administrators far in advance of the survey and make appointments to visit the shelter. During these visits, we would explain the scientific nature of our sampling procedures, collect information about the types of rosters available (if any) and the numbers of residents normally staying at the shelter, work out procedures for sampling with the shelter administrator, collect information about the routine schedule of activities at the shelter (e.g., whether there were any times that mandatory activities took place), and, finally, and review the physical layout of the shelter to identify private areas where residents could be interviewed.

The study design required that we initially canvass all shelters in the city to determine the population served by each shelter and whether or not the shelter would be eligible for the survey (to define the shelter sampling frame). The detailed interviews with shelter administrators required for our pretest were a fair preview of the time-consuming and costly shelter preparation activities required for each phase of the main survey.

Second Pretest: Streets

A second, one-night pretest that focused only on street procedures was conducted shortly after the first. Although the first pretest had given us invaluable information about the process of interviewing individual homeless respondents, it did not allow us to test the "block sweep" procedures that were an essential part of the study design. Several important issues were still unresolved: Would there be impediments that could prevent the interviewers from systematically covering a geographic area? Would interviewers be able to "keep track" of the street traffic they encountered and screen everyone they encountered? Other concerns were whether interviewers in a single team would be able to coordinate their efforts with respect to each other, to avoid screening the same person twice or missing people that should be screened; and whether the amount of time needed to sweep a block would vary so much from block to block that it would be difficult to schedule teams of interviewers appropriately. Since each block for the main survey was statistically selected and randomly assigned to be covered on a particular night of the week, any inability on the part of the interviewing teams to complete their assignment for the night would jeopardize the results of the study.

To pretest the sweep procedures, we selected blocks with known characteristics in varying combinations (high vs. low levels of general pedestrian traffic, high vs. low number of homeless, residential vs. commercial blocks with storefronts or bars, etc.). Interviewers attempted to implement the street procedures, and were required to time their efforts on each block. As in the first pretest, they were required to be alert to, and subsequently report on, issues important for possible redesign of the procedures and for training.

Interviewers encountered tremendous difficulties during this pretest, and many of our initial concerns were confirmed. Heavy street traffic and heavy densities of homeless persons were difficult for the interviewing teams to handle systematically. The type of terrain encountered affected the amount of time it took a team to cover a block (empty lots vs. residential areas vs. business districts, etc.). Communication between interviewing teams and the supervisor was a problem. Questions arose as to how far the interviewers should go when "sweeping" a block: should it mean entering all buildings, or only some, and how does one distinguish between areas that ought to be "swept" and those that should not without introducing bias? How can one be sure all the homeless on a particular block are found? The procedures developed for the main survey address all these issues, as described below.

Advance scouting of blocks. Based on conditions and circumstances encountered during the second pretest, an additional task was added to the procedures for the field effort--"scouting". The need quickly became apparent during the second pretest for detailed information about each block in the sample, prior to sending an interviewing team to it. Thus, procedures were implemented to "scout" each block prior to the survey period and record key information--amount of street traffic, possible security issues, nearest public phone. "Scouts" were also instructed to sketch the block on a small map, recording types of buildings (residential, stores, restaurants, bars, train stations, abandoned buildings, etc.), and other features of the terrain (alleys, empty lots, loading docks, tunnels, railroads, etc.). The information obtained was used to schedule the appropriate number of teams of interviewers and the right "mix" (male vs. female interviewers and escorts), and to give them block-by-block instructions.

Staffing and Training

Staffing Interviewers

About half of the study's forty Phase I interviewers were experienced NORC field staff. The others were recruited from other Chicago survey research firms, and from the university community in which NORC is located. They ranged in age from 21 to 65. The majority were black, although there were white and Hispanic interviewers as well. The study employed Spanish-speaking and Polish-speaking interviewers to conduct interviews in those languages in the shelters. The group was approximately half male and half female. During Phase II, fewer interviewers (about twenty-five) were used (see the Street Surveys section), and roughly half of these had worked on the first phase of the study.

A wage rate higher than NORC's usual interviewer rate was paid to interviewers for the hours they worked on the street survey, as compensation for the unusual hours required (midnight to 6 a.m.) and the demanding physical circumstances of the interviewing. Normal NORC payment policies were in effect as compensation for the hours worked interviewing in shelters.

Escorts. The police escorts who provided security to the interviewer teams were referred to NORC by the Chicago Police Department after the Superintendent was informed of the study and asked for his department's assistance. Police officers were not interviewed or tested by NORC personnel before they were hired. An excess of escorts was hired so that the project could immediately terminate those who did not perform adequately on their first assignments. The police escort group included black, white, and Hispanic officers (roughly equal numbers were white and minority). About one third of the escorts were female. About half of the escorts who worked on Phase II were veterans from Phase I.

Training

Interviewers and police escorts were trained through a combination of self-study and in-person briefings. All interviewers new to NORC were given a one-day, in-person general training by one of NORC's senior field managers. General training included basic interviewing techniques--how to read questions, how to probe for responses, how to pace the interview, how to document responses--as well as NORC questionnaire conventions and administrative procedures. After general training all interviewers working on the study, whether NORC experienced or new to NORC, were given a self-study packet to review before attending a one-day in-person project-specific training.

The project-specific training began with an overview of the study. This was followed by a presentation on the characteristics of the known subgroups of the Chicago homeless population and advice on how to interact with them, a session led by the Chairman of the Board of the Chicago Coalition for the Homeless. (At the Phase II training a tape of this presentation was played.) The main emphasis of this discussion was that homeless people are not as different from the general population as stereotypes imply, and that they should be approached in a straightforward, not a condescending or patronizing manner. The presenter advised that a large part of the homeless population consists of people who are newly homeless or only intermittently homeless. For these people especially, appearances and self--respect are extremely important and they will try to do whatever they can not to look as though they are homeless.

The presenter also described in some detail the particular problems of the female homeless. As we experienced during the pretest, many homeless persons expressed fear of being robbed, beaten, or sexually abused. Women are particularly vulnerable and are therefore particularly afraid. In self-protection, they are often extremely hostile when approached. Some of the homeless who have been on the streets for longer periods of time purposely allow themselves to smell bad and become otherwise unappealing, with the explicit purpose of keeping people away. With all homeless people it is important that interviewers keep some distance between themselves and their subjects as they approach for an interview so that the homeless will realize that there is no intent to harm them.

The final point of the presentation stressed that stereotypes that depict all homeless people as alcoholics or drug addicts are simply wrong. Nevertheless, interviewers were urged to exercise caution and defer to the judgment of police escorts because some homeless persons may be on drugs or using alcohol, in which case self-protective hostility can assume a more threatening cast.

The project-specific training continued with a detailed review of the study questionnaire; procedures for conducting the block sweep, approaching respondents, interviewing in shelters, and paying respondents; the role of escorts; and administrative procedures.

Although most of the day was spent with only the interviewers, in mid-afternoon the police escorts were brought in for several hours so that they could familiarize themselves with the NORC staff and be instructed on the procedures at the same time as the interviewers. Since escorts did not interview any respondents it was not necessary to train them on the questionnaire and interviewing techniques.

The Street Surveys

Sweeping Blocks and Screening for Homelessness: The first task of the street survey was to locate and identify the homeless. Two procedures--block sweeping and screening--were developed to accomplish this purpose.

The block sweep, a systematic procedure applied to all blocks in the sample, was designed to ensure that each block was adequately searched for homeless persons. The procedure was implemented in the following manner: Interviewers began at a designated corner of a given block and moved around it in one specified direction until they had circled the whole block. (For purposes of this sweep, a block was defined as having four sides, including the half of each of the streets that separate one block from the next.) All alleys, loading docks, and unfenced walkways were canvassed. All buildings, occupied or unoccupied, were entered until a locked door or a substitute for a locked door was reached; this canvass included all hallways, vestibules, abandoned buildings, waiting areas in train stations, restaurants, and the like. Substitutes for locked doors included persons at entry points who would prevent homeless persons from entering a building or establishment, such as doormen or security guards. The rationale for this procedure was that locked doors, or substitutes for locked doors, served essentially the same function as our screening questionnaire in separating the homeless from the homed.

If there was evidence of access to an otherwise locked area (broken fences or windows to basements), interviewers were instructed to enter and survey the area as long as this neither required additional damage to property nor posed a significant risk of harm to themselves. Again, the rationale was that interviewers should search any area that the homeless could access, including abandoned buildings, cars, warehouses, garages, railroad cars, railroad tracks, gangways, roofs of buildings, and vacant lots.

In addition to careful training in the application of these concepts, interviewers were provided with detailed maps of each block in their assignment. Prior to each night of interviewing, supervisors reviewed these maps with each interviewing team, pointing out the exact route to be followed in sweeping the block and giving specific instructions pertaining to the types of buildings or public establishments on the block. As the block sweeps were conducted, interviewing teams contacted supervisors using beepers if there were any questions regarding procedures to be followed in a particular building or area.

For purposes of quality control, interviewers were required to complete "non--interview report forms" for any buildings or areas not searched as required by procedures, providing a full description of each area, the reason that it was not searched, and whether or not there appeared to be any persons in each building or area. There were very few "non-interviews" across the two phases (a known heroin shooting gallery, the upper-floor stairwells of a Chicago Housing Authority building, and two buildings deemed structurally unsound), and all occurred for security reasons at the dictate of the escorting police officer.

To ensure that individuals encountered during the block sweep were properly classified, interviewers were instructed to conduct a short screening questionnaire with all individuals encountered during the block sweep. The responses to the questionnaire were then used to categorize respondents as homed or homeless. As they conducted their block sweep, interviewers screened all individuals walking, sitting, lying, or riding bicycles. Interviewers were carefully instructed that there were no exceptions--they were to screen all persons encountered regardless of what activities these persons might be involved in--talking, shopping, leaving a restaurant, walking dogs, etc. Interviewers were instructed to shine flashlights into all parked cars to look for persons who should be screened, but they were instructed not to screen individuals in moving cars that were just passing by the block.

Interviewers were instructed to screen individuals passing by in either direction, but not to bias the screening process by returning to a block once it had been swept, by "waiting" for a homeless person to approach who might have been spotted on a different block or on a different part of the block being swept, or by "chasing" after a homeless person disappearing in the distance.

In the event that individuals could not be screened for some reason (the individual refused to be screened, could not be awakened, etc.), the interviewers completed a "non-interview report" listing the reason the screener could not be completed, the demographics of the person approached (to the extent permitted by observation), and as complete an account of the circumstances as possible.

Homeless minors (less than eighteen years old) were not interviewed. If, upon being screened, a minor was found to be homeless, either alone or with other family members, the interviewers documented the encounter on the records for the specific block but did not conduct an interview. (All minors in the company of an interviewed adult were reported on the questionnaire completed for that adult; see Q.43.)

Conducting the Interviews: There were numerous practical questions related to the conduct of this study. Interviews are typically conducted face-to-face in respondents' homes or by telephone from offices. The questions faced by the staff conducting this study were: How can interviews be conducted in the dark? How are interviews to be conducted with people who are lying in the street or huddling in a doorway? How are interviews to be conducted in the rain? What are the likely security problems and how are they to be handled? What are the optimal ways to maintain organization and control over a large group of interviewers who are traveling all over the city, given that constant communication is necessary? What do you do if a block that was classified as low-traffic during the scouting phase turns out to be high-traffic on the night of the survey? How can interviewer supplies be dispensed most efficiently? How can quality control be maintained and performance feedback be given during a short and fast-paced field period?

Most of the questions about approaching and interviewing the homeless in the difficult circumstances in which they were to be encountered had been answered during the pretest, and our procedures for handling the problems involved are discussed in that section. For the support and supervision of staff our pretest experiences led us to adopt an almost military organization for the main survey. Teams of two interviewers and two escorts were created;[2] each team was assigned two to three blocks to sweep for the night, based on the block-by-block information collected prior to the field period. Two field supervisors "roved" in separate cars throughout the night, spot-checking with teams and supervising the activities using car phones and beepers (each interviewing/escort team carried a beeper at all times). Each supervisor was accompanied by a "back-up" team, which could be mobilized in the event that any of the teams sweeping blocks needed additional support. The supervisors also carried extra supplies, to be delivered to teams as needed.

Each night prior to the block sweep activities, all staff working that night met at a central location. At this time, they received their team assignments, their block assignments, block-by-block instructions (with maps and diagrams of each block), and sets of supplies. Supplies distributed at this time included beepers, clipboards, full-sized flashlights, campstools, money for respondent fees, receipts for fees, questionnaires, screeners, and umbrellas. In addition, this meeting was used to provide individual and group feedback on procedures and questionnaire administration.

In addition to their block assignments, teams were given a specific time by which they were to finish sweeping each block. Since "running late" would jeopardize the team's ability to finish their assignment for the night, it was crucial that the supervisor be fully informed of progress and prepared to mobilize a back-up team. Teams were instructed to contact their supervisor routinely as they reached the blocks, and also when the blocks were finished. They were also to contact their supervisor immediately if it became apparent that they would not be able to finish a block by the specified time.

Information about each block had been collected prior to the field period so that an appropriate number of interviewers could be assigned to high-traffic blocks and to blocks with large groups of people in public places, such as train stations. Interviewers were instructed to assess the level of traffic on their blocks before beginning their work and to alert their supervisor if it seemed to be higher than allowed for by the scouting-based staffing plan. In such cases, a back-up team was to be dispatched to the block and the block search was to begin only after its arrival. Interviewers were also instructed to alert supervisors immediately if conditions on any block changed after they had begun and they were not able to screen at a rate that kept pace with the street traffic encountered.

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[2] As mentioned in the pretest section, two police escorts were required to accompany each interviewing team, so that one would always be free to remain with the interviewers in the event that the other had to respond to a security problem. (Off-duty police officers are legally required to respond if they are present when a security problem arises).

In fact, neither of these situations developed in either phase. On a few occasions, an interviewer occupied with a respondent was unable to screen a single person passing by; in these cases, interviewers were instructed to fill out the portion of the screening instrument reserved for interviewer observations of demographic characteristics.

As each team finished its assignment for the night, the members met with the supervisor to give her or him a complete briefing and progress report, to turn in completed questionnaires and screeners, and to return supplies. At this time the supervisor performed a cursory edit of completed questionnaires and gave appropriate feedback. The questionnaires were given a thorough edit by central office staff during the day and more extensive feedback was provided at the next night's meeting.

Phase II Differences: Several of the Phase I procedures were altered for Phase II. First, the definition of a juvenile was restricted to children under the age of 18 accompanied by a related adult. Thus, children on their own, either in the streets or in shelters, were eligible to be interviewed in Phase II.

A second change involved staffing patterns. In the Phase I street sweep, relatively few people were encountered on any given block. It was believed that even fewer people would be encountered on the blocks during the winter. As a result, the team was reduced from two interviewers and two police escorts to one interviewer and two police escorts. In addition, team assignments were increased to five or six blocks per night; some attempt was made to cluster each team's assignment geographically as well as to mix the density of the blocks in each assignment.

Another change between the two phases was the inclusion in Phase II of certain blocks or buildings chosen non-randomly because they were known to be frequented by the homeless at night. These "superblocks," as they were known, included the major railroad station, the Greyhound bus station, several subway stops, and elevated train stops. All of the superblocks were scouted very carefully to determine staffing needs and to assess the terrain to be encountered by the interviewers. The goal was to screen and interview on each superblock as quickly and as thoroughly as possible. Superblocks were treated like regular blocks: That is, teams swept the entire block as well as the structure (e.g., the bus station) that had earned it its designation as a superblock.

The final Phase II variation--a sample of blocks to be swept at dusk--was added to counter the criticism that there are homeless women and children out on the streets at dusk or in the early evening who find some kind of shelter behind barriers that NCRC interviewers could not penetrate in the early morning hours. The dusk sample consisted of seven high-density blocks, selected by randomly sampling one high density block from each of the seven nightly street samples. Each dusk block was scheduled for interviewing roughly 24 hours after the time the block was covered as part of the night sample. For example, if high density Block A was part of the early morning (midnight-6:00 a.m.) sample on Friday, and it was randomly selected as a dusk block, then dusk interviewing took place in the evening between 6:30 and 10:30 pm on that same Friday. The dusk blocks were lagged to avoid intruding upon the night sample. The lag interval chosen also permitted a dusk block team to have a full evening's work: after the team swept the dusk block, its members then joined one of the larger shelter teams to continue interviewing.

The Shelter Surveys

At the outset, it was predicted that interviewing in shelters would be a more routine data collection task than interviewing on the street. While it is true that interviewing homeless people in shelters presents less dramatic challenges than interviewing them in uncontrolled situations, the shelter data collection effort presented difficulties of its own. Most importantly, the large variation existing among shelters meant that large information-gathering efforts had to be undertaken at each stage of the shelter task (sampling of shelters, establishing within-shelter procedures, scheduling of interviewing), and that procedures often had to be tailored to shelters on a case-by-case basis to reconcile the requirements of the study design with the needs and schedules of the shelters. Furthermore, since the study involved conducting interviews with a sample of respondents within a sample of shelters, there were two layers of effort at each step, which made the shelter task labor-intensive.

Screening for Eligibility: The first stage of the survey involved selecting a representative sample of shelters within the city of Chicago. The universe of shelters eligible for the survey was defined as: (1) dormitory hotels, (2) overnight shelters that discriminate only by gender, and (3) longer-term (transitional) shelters that discriminate only by gender. This excluded special-purpose shelters (for battered wives, alcoholics, etc.) on the grounds that persons in such shelters were homeless as a result of a specific condition for which the shelter was a remedy.

Although NORC was provided with a list of shelters used for referral purposes by the Illinois Department of Public Aid, the list was not exhaustive. Preparing a complete list of shelters within the city of Chicago involved consultation with numerous agencies, including the Chicago Coalition for the Homeless, Catholic Charities, Jane Addams Hull House Association, the United Way, Travelers and Immigrants Aid, the Inter Faith Council for the Homeless, the Jewish Federation of Metropolitan Chicago, Lutheran Social Services, and the Protestant Foundation of Greater Chicago. In addition, several other resources were used (shelter operators, telephone directories, newspapers, etc.) to put together an exhaustive list of Chicago shelters for the homeless.

Once a comprehensive list of shelters was prepared, each shelter had to be screened to determine whether or not it was eligible for the study given the study definition of the shelter universe. Each shelter was contacted by telephone and asked for a description of the population served, and whether or not there were any restrictions on who was admitted to the shelter. So that the shelters could be stratified by size for sampling, shelter operators were also asked about the maximum capacity and average nightly occupancy of the shelter. During Phase I, these telephone contacts were conducted in an open-ended format; for Phase II, a "shelter screening questionnaire" was developed which standardized the content of the calls.

Developing Shelter-by-Shelter Procedures: As described in the body of this report (Chapter One), the shelter component of this survey involved a two-stage sampling process; stage-one sampling units were shelters and stage-two sampling units were individuals. Once the shelter sample selection was completed, each shelter was randomly assigned to a particular night of week for participation.

The crucial element of the shelter interviewing design was that a sample of respondents was drawn from among those persons who stayed at each shelter during the specified night, using a systematic sampling procedure with a random start. Persons who were to be at the shelter but who would not be spending the night (e.g., persons participating in food programs) were considered out-of-scope and were to be excluded from the sampling procedure.

For the purposes of this research, it would have been convenient had shelters closed their doors for the night at a specified time, allowing our interviewers to go in, select, and interview respondents from a population stable for that night. However, most shelters do not operate in this manner, however. Schedules and procedures vary: some shelters never close for the night in the sense that they do not stop admitting people as long as there are available beds. Other shelters (particularly long-term transitional shelters) give residents keys so they can come and go as they please. The manner in which records of current residents are kept varies as well: some shelters keep lists of everyone who stayed with them on a particular night, others register residents only once, as they are first admitted to the shelter.

The implications of these variations for the shelter task were two: (1) how and when to draw the sample of respondents for each shelter, given that shelter records vary in the way they are organized and given that it was essential that we would be working with a complete list of all residents who would be staying at the shelter for the night; and (2) when to conduct the interviews, given that shelter schedules vary. In scheduling the interviews, it was particularly difficult to reconcile our need to interview in the shelters at a time when most residents would be there with our desire not to interrupt routine shelter activities unnecessarily. For the purposes of the study, the best time to interview in a shelter was late at night, after all residents had arrived for the night but before they went to bed. Unfortunately, this was often impossible because of the way shelters operated.

As we had learned during the pre-test, a great deal of information about each shelter was required, and procedures for sampling respondents and interviewing had to be worked out, on a shelter-by-shelter basis, in advance of the survey field period. Project staff members were sent to each shelter, to introduce the study to the shelter operator and gain cooperation, and to collect the necessary information concerning shelter record-keeping, locating selected respondents, the physical layout of the shelter, and the shelter's hours and schedule of daily activities. In addition to asking about any curfews or deadlines for new arrivals for the night, we asked about the schedule of routine daily events. Many shelters have mandatory programs for residents such as prayer services, job-seeking discussions, or other forms of counseling. Some shelters offer meals or soup kitchens at specific times of day. All of the information about schedules was used to try to identify appropriate times for sampling (when a complete list of residents for the night would be available) and interviewing (when selected residents would be likely to be in the shelter).

Our experience was that shelter operators and administrators were very willing to cooperate with the study teams. However, the mission of shelter operators is not to participate in research, but to serve homeless persons. As a result, their willingness to cooperate with the study was mitigated by their appropriately stronger inclination to protect the privacy and well-being of their residents. Many were unwilling to provide us with names of residents, so arrangements had to be made for shelter staff to transcribe initials onto rosters so that our staff could select the sample. Others requested that we not give respondents any respondent fees, in order to reduce security problems, and so that those not interviewed wouldn't feel slighted. Some required that they be allowed to review the questionnaire in advance, to be sure that their residents wouldn't be asked any sensitive or offensive questions. A few operators expressed concern that the data collection effort might result in budget cuts for aid to their shelters.

By and large, the shelter administrators' concerns and requests could be accommodated, although arrangements were sometimes cumbersome and time-consuming. (For example, gaining cooperation from some shelters involved negotiating with several layers of shelter administrators, and making presentations to administrative boards and councils.) Futhermore, negotiating the shelter-specific procedures was sometimes fairly delicate since we were strictly limited in our ability to compromise. When shelter administrators offered to introduce the study to the residents for us, select respondents from their rosters, or locate selected respondents and bring them to the interviewers, we had to explain why these procedures would compromise the credibility of our data without offending the shelter operators or making them feel that we were inflexible or unconcerned about inconveniencing the shelter.

The most significant difficulty encountered was coming to agreement on a time for the sampling and interviewing to take place. As mentioned above, the most appropriate time for us to conduct these activities was often impossible in the shelter context. In some cases, however, we were able to proceed in this manner; in others we arranged to conduct the survey at other times convenient to the shelters. In shelters where we were unable to conduct sampling activities after all occupants for the night had registered, or in shelters that never closed their doors for the night, arrangements were made for NORC's shelter interview supervisors to contact the shelter operators the following morning to record the names of any additional occupants who registered after our shelter teams had departed. In shelters where daytime interviewing was required, follow-up interviews were scheduled with residents who were away from the shelter during the survey hour

Conducting the Survey: On average, three shelters were surveyed during each "shelter night" of the field period. As with the street survey, interviewing teams sent to shelters included both off-duty police escorts and interviewers. The number of staff members sent to each shelter varied depending on the expected number of shelter occupants and the amount of time permitted by the shelter administrators for interviewing (the number of interviewers varied from 2 for small shelters to 15 for large shelters). Our goal in staffing these activities was that no more than 2 to 3 hours would be spent at any one shelter.

NORC shelter interview supervisors personally briefed each team on shelter--specific procedures before each shelter visit, and debriefed the team afterwards. Depending on the arrangements and procedures outlined for each shelter, the team members divided among themselves the tasks of sampling, locating respondents, and interviewing. In a few exceptional cases, separate visits were scheduled for sampling and interviewing. Like the street teams, the shelter teams carried beepers at all times to communicate with their supervisors about progress and problems.

Although the shelter interviewing efforts were successful, as evidenced by the response rates, numerous complications were encountered during both phases of the study. At the last minute, shelter administrators sometimes changed their minds about participating in the study, or changed their minds about certain procedures. Sometimes the shelter staff on duty when the interviewing team arrived had not been fully informed by their supervisors about the details of the procedures and were hesitant to cooperate without talking to them. As with the pre-field negotiations, these problems were usually resolved satisfactorily, but resulted in delays and additional last-minute negotiations. It is to the credit of all involved parties that these situations were handled creatively without violation of the design requirements of the study.

The large, overnight shelters presented the greatest sampling and interviewing difficulties. Although the interviewing teams sent to these shelters were large (up to 15 interviewers), it was extremely difficult to maintain control and organization. The teams were faced with a situation where literally hundreds of people would flock into the shelter within a short time period, check in, and go to bed. Given the pressures involved in attempting to sample and interview respondents before they went to bed and the lights went out, whenever that was possible, enumerating and sampling usually had to take place at the same time as the shelter administrators were registering residents. In these circumstances special measures were required to ensure that all residents were listed once and none were listed more than once. Our experience in this regard during the pretest and Phase I led to a decision to have a supervisor accompany each shelter team to perform the sampling task.

Follow-Up Activities: Although the initial shelter visits resulted in a good number of completed interviews, significant follow-up efforts were required to reach the final response rates. As described above, it was often difficult to schedule interviewing at a time when all residents were present at the shelter. In such cases, the sampling task was completed, all selected residents who were present were interviewed, and the shelter administrator was informed that we would be back the next day to attempt to interview the remaining selected respondents. Although the follow-up efforts resulted in a significantly higher response rate than would otherwise have been obtained, these activities were time-consuming and costly. The effort required numerous phone calls to shelter operators to find out about the respondents' schedules and to determine when the respondents would be at the shelter (for long-term transitional shelters), or to see if respondents had checked in for the night (for short-term overnight shelters). Many shelters had to be visited three or four times before interviews were successfully completed with most residents from the selected group.

Phase II Differences: Procedures for the two phases of shelter data collection were identical. However, there is one unique aspect of the shelter sampling procedure for Phase II that should be noted. In addition to overnight shelters for the homeless, the city of Chicago maintains eleven warming centers, which only open when the temperature dips below a certain point (11 degrees in some cases, 32 degrees in others). Four of these warming centers were included in the sampling universe for Phase II, because their administrators advised NORC that they would be staying open every night during the field period even if the temperature did not dip below the specified point. These centers were therefore regarded as overnight shelters, for sampling purposes. The additional seven warming centers were not included in the shelter sampling frame, and no interviews were conducted at these facilities. However, these seven warming centers were telephoned by NORC staff on each of the designated shelter field nights between the hours of 10 P.M. and midnight to determine occupancies for those nights.

APPENDIX C

Survey Questionnaires

The questionnaires reprinted in this appendix were those used in Phase II of the Chicago Homeless Study. Phase I questionnaires are not reproduced since they are identical save for the more elaborate sets of questions on physical and mental health used and the addition of several other topics in Phase II.

As described in Appendix B, these questionnaires were pre-tested in an elaborate way before Phase I and again before Phase II.

PHASE II
UMASS-NORC HOMELESSNESS STUDY: NIGHT SCREENER

TRACT # _ _ _ _   BLOCK # _ _ _
CASE SEQ _ _ _   DISP CODE _ _
TEAM # _ _   INT ID _ _
NAME: ____________________

TIME STARTED |___|___|:|___|___| AM / PM

DATE _ _/_ _/_ _

INTERVIEWER: CHECK STATUS OF R WHEN YOU BEGAN INTERVIEW

R WAS WALKING WHEN APPROACHED..............1
R WAS LYING OR SITTING WHEN APPROACHED.....2

Hello, I [illegible] NAME) from NORC at the University of Chicago. I'd like to pay you [illegible] some questions for a survey we're doing about housing used by people [illegible] Chicago. All of your answers will be kept strictly confidential. First, plea[illegible] tell me ...

1. Are you a resident of the city of Chicago?

YES........(SKIP TO Q.4).........1
NO.........(GO TO Q.2)...........2
REFUSED....(GO TO Q.2)...........7
DON'T KNOW.(GO TO Q.2)...........8

NON-RESIDENTS

2. Where do you live, in what city and state?

CITY: ____________________

STATE: ____________________

IF R LIVES IN CITY OF CHICAGO, CHANGE Q. 1 TO YES AND SKIP TO Q. 4

3. INTERVIEWER: CODE STATUS OF R WHEN YOU BEGAN INTERVIEW

R WAS ASLEEP....(SKIP TO Q.3C).........1
R WAS NOT ASLEEP (ASK Q.3A)............2

3A. Are you planning to sleep in the city of Chicago sometime in the next 24 hours?

YES.........(ASK Q.3B AND Q.3C)....1
NO..........(SKIP TO BOX 1)........2
REFUSED....(ASK Q.3B & Q.3C)......7
DON'T KNOW.(ASK Q.3B & Q.3C)......8

3B. Will you sleep in a hotel or motel room, a shelter, friend's or relative's place or some other place?

HOTEL/MOTEL ROOM..................1
SHELTER...........................2
FRIEND'S OR RELATIVE'S PLACE......3
SOME OTHER PLACE (SPECIFY WHERE):
______________________________ 4
REFUSED...........................7
DON'T KNOW........................8

3C. How long are you planning on staying in the city of Chicago? (PROBE: Would you say that you are planning on staying in the city of Chicago for ...)

24 hours or less 1
1 to 7 days.......................2
More than a week..................3
REFUSED...........................7
DON'T KNOW........................8

BOX 1

INTERVIEWER: IS R A NON-RESIDENT WHO PLANS TO STAY IN CHICAGO MORE THAN 24 HOURS

AND

WAS ASLEEP OR PLANS TO SLEEP IN A SHELTER OR HAS NO REGULAR PLACE TO SLEEP?

YES.....HOMELESS (SKIP TO BOX 4 ON P.6, CLASSIFY AS HOMELESS, AND PROCEED TO MAIN QUEX)......1

NO......HOMED (SKIP TO BOX 4 ON P.6, CLASSIFY AS HOMED, AND READ TERMINATION PARAGRAPH)...2

FOR CHICAGO RESIDENTS ONLY.

4. As of today, do you have some place here in Chicago that you consider to be your home or the place where you live?

YES............(ASK Q.4A)...............1
NO.............(SKIP TO Q.5)............2
REFUSED.......(ASK Q.4A)...............7
DON'T KNOW.....(ASK Q.4A)...............8

4A. Is that a room, an apartment, a house, a shelter, or a spot in some public place such as a park bench or a bench in a bus station? (PROBE UNTIL YOU GET AN ANSWER THAT INDICATES R IS DEFINITELY LIVING IN AN APARTMENT, HOUSE, OR ROOM, OR NOT LIVING IN SUCH PLACES)

A room.........(ASK Q.4B).................01
An apartment...(ASK Q.4B).................02
A house........(ASK Q.4B).................03
A spot in a public place..(SKIP TO Q.5)...04
A shelter.................(SKIP TO Q.5)...05
The streets...............(SKIP TO Q.5)...06
An abandoned building.....(SKIP TO Q.5)...07
A car or truck............(SKIP TO Q.5)...08
Some other place (SPECIFY):.(SKIP TO Q.5).09
____
REFUSED...................................97
DON'T KNOW................(SKIP TO Q.5)...98

4B. Is that your own place, or someone else's place? By "own place", we mean that you pay to stay there, even if someone else owns the place.

Own place.........(GO TO BOX 2).........1
Someone else's place...(ASK Q.4C).......2
REFUSED.................................7
DON'T KNOW..............................8

BOX 2

INTERVIEWER: IF R IS A CHICAGOAN WHO HAS HIS OWN PLACE WHICH IS A ROOM, APARTMENT OR HOUSE,

THEN SKIP TO BOX 4 ON P.6, CLASSIFY AS HOMED, AND READ TERMINATION PARAGRAPH

4C. Is that your parents' place, some other relative's place, a friend's place, or someone else's place?

Parents'...................................1
Other relative's...........................2
Friend's...................................3
Someone else's (SPECIFY:)_________________4
REFUSED....................................7
DON'T KNOW.................................8

4D. How often do you use that place for sleeping? Would you say every day, almost every day, once or twice a week, or less than once a week?

Every day..............(ASK Q.4E).............1
Almost every day.......(ASK Q.4E).............2
Once or twice a week ..(SKIP TO Q.5)..........3
Less than once a week..(SKIP TO Q.5)..........4
REFUSED................(SKIP TO Q.5)..........7
DON'T KNOW.............(SKIP TO Q.5)..........8

4E. Do you have an arrangement with your (parents/relatives/friends/someone else) to sleep in their place on a regular basis?

YES...........(GO TO BOX 3)..................1
NO............(SKIP TO Q.5)..................2
REFUSED.......(SKIP TO Q.5)..................7
DON'T KNOW....(SKIP TO Q.5)..................8

BOX 3

INTERVIEWER: IF R IS A CHICAGOAN WHOSE HOME IS SOMEONE ELSE'S PLACE BUT R SLEEPS THERE EVERY DAY OR ALMOST EVERY DAY AND THIS IS A REGULAR ARRANGEMENT,

THEN SKIP TO BOX 4 ON P.6, CLASSIFY AS HOMED, AND READ TERMINATION PARAGRAPH

5. Where do you usually sleep? (CODE AS MANY AS APPLY)

SHELTER	01
STREET, PARK OR OTHER OPEN SPACE	02
PUBLIC PLACE (BUS STATIONS, BUSES, EL, ALL NIGHT MOVIES, AIRPORTS, BAR, ETC.)	03
DORMITORY HOTEL (FLOPHOUSE, OR OTHER PLACE WITHOUT SEPARATE ROOMS)	04
HOTEL (SEPARATE ROOMS FOR CLIENTS)	05
ABANDONED BUILDING	06
CAR OR TRUCK	07
SOME OTHER PLACE: SPECIFY ________________	
________________________________	08
REFUSED TO ANSWER ENTIRE QUESTION	97
DON'T KNOW	98

BOX 4

SCREENING INTERVIEW OUTCOME:

CIRCLE APPROPRIATE NUMBER BELOW AND PROCEED ACCORDINGLY.

R IS HOMELESS ------ Resident who has no place he considers home;

or whose home is neither a room, an apartment nor a house;

or whose room, apartment or house is not his own, and he either stays there twice a week or less or has no arrangement to sleep there regularly.

Non-resident who plans to stay in Chicago more than 24 hours and either plans to sleep in a shelter or has no regular place to sleep. 1

R IS HOMED ------ (READ TERMINATION PARAGRAPH BELOW) 2

TERMINATION PARAGRAPH: Those are all the questions I have for you. Thank you very much for your time and participation. Let me assure you again that all the information you have given will be kept strictly confidential. Good-night.

---

6. INTERVIEWER: IN YOUR OPINION, WAS R TELLING THE TRUTH ABOUT HIS OR HER HOMELESS STATUS?

YES	1
NO	2

IF HOMELESS, PROCEED TO MAIN QUEX

IF HOMED, COMPLETE Q7B-Q12

TIME INTERVIEW FINISHED |__|__|:|__|__| AM / PM

IF YOU ARE NOT CONTINUING TO THE BASIC QUESTIONNAIRE, OR IF THIS IS A BREAK-OFF, COMPLETE THIS PAGE.

7. GENDER

MALE	1
FEMALE	2
DON'T KNOW	8

8. RACE

WHITE	1
BLACK	2
AMERICAN INDIAN	3
OTHER SPECIFY: ______________________	4
DON'T KNOW	8

9. R'S APPROXIMATE AGE:

UNDER 18	1
18-21	2
22-30	3
31-40	4
41-50	5
51 OR OVER	6

10. DID R APPEAR TO BE ... (CODE ALL THAT APPLY)

DRUNK	01
UNDER THE INFLUENCE OF DRUGS	02
SERIOUSLY ILL	03
CONFUSED	04
INCOHERENT	05
DIRTY AND UNKEMPT	06
SHABBILY DRESSED	07
CARRYING PACKAGES WITH PERSONAL BELONGINGS	08
LUCID AND ALERT	97
NEAT AND CLEAN	98

11. INTERVIEWER COMMENTS:

____

____

____

____

FOR BREAKOFFS ONLY:

12. INDICATE THE REASONS FOR THE BREAKOFF:

____

____

____

____

PHASE II
CONFIDENTIAL
UMASS-NORC HOMELESS STUDY-BASIC QUESTIONNAIRE

TRACT # _ _ _ _ _ _ BLOCK # _ _
CASE SEQ. _ _ _ DISP. CODE _ _
INT ID _ _ TEAM # _ _ _
NAME ____________________
SHELTER NAME ____________________

TIME STARTED |___|___|:|___|___| AM PM

DATE: ___/___/___

FOR SHELTER Rs:

Hello, I am (YOUR NAME) from NORC at the University of Chicago. We are conducting a survey of homeless people here in Chicago and you have been chosen in our sample. We will need about fifteen minutes of your time. In return, we will give you $5.00 for participating.

Of course, any information you give us will be considered strictly confidential and will not be revealed to anyone outside of the research staff.

I need to begin by verifying that you are: ____________________
(RESPONDENT'S NAME)

FOR STREET CANVASS Rs:

We are especially interested in talking to persons like yourself who have no regular place that they live in. We will need about fifteen minutes of your time. In return, we will give you a total of $5.00 for participating.

Of course, any information you give us will be considered strictly confidential and will not be revealed to anyone outside of the research staff.

First of all, we want to know how long you have been homeless:

1. When was the last time you lived in an apartment, room, or house? Please tell me the exact month and year. (PROBE FOR MONTH AND YEAR)

|___|___| |___|___|
MONTH YEAR

---

2. Was that an apartment, a room, a house, or some other kind of place?

APARTMENT..............................1
ROOM...................................2
HOUSE..................................3
SOME OTHER KIND OF PLACE:
(SPECIFY) ____________________ 4
REFUSED................................7
DON'T KNOW.............................8

3. Did you live in that place by yourself or did you live there with other people?

LIVED ALONE.(SKIP TO INSTR. ABOVE Q.4)..1
LIVED WITH OTHER PEOPLE.....(ASK Q.3A)..2
REFUSED.....(SKIP TO INSTR. ABOVE Q.4)..7
DON'T KNOW..(SKIP TO INSTR. ABOVE Q.4)..8

3A. Who did you share that place with? Was it family or relatives, friends, or someone else? (CODE ALL THAT APPLY)

Specifically, was it with ...

SPOUSE................................01
CHILDREN..............................02
PARENTS (MOTHER AND/OR FATHER)........03
SISTERS AND/OR BROTHERS...............04
GRANDPARENTS..........................05
OTHER RELATIVES.......................06
FRIENDS...............................07
OTHER PERSONS: (SPECIFY) __________
______________________________________08
REFUSED...............................97
DON'T KNOW............................98

INTERVIEWER: IF HOMELESS SINCE 1981 OR EARLIER, SKIP TO Q. 5

4. You say you have been homeless since (READ DATE FROM Q.1). Have there been other times before (READ DATE FROM Q.1) when you have been homeless?

YES........(ASK Q.4A)..................1
NO.........(SKIP TO Q.5)...............2
REFUSED....(ASK Q.4A) 7
DON'T KNOW....(ASK Q.4A)...............8

4A. FOR EACH YEAR AFTER 1981 AND BEFORE YEAR FROM Q 1, ASK ...

Were you homeless at any time during ...

	YES	NO	REFUSED	DK	NOT APPLICABLE
1985	1	2	7	8	9
1984	1	2	7	8	9
1983	1	2	7	8	9
1982	1	2	7	8	9

5. All told, how long have you lived in Chicago? (PROBE FOR TOTAL TIME. CIRCLE ONLY ONE.)

A WEEK OR LESS	01
1 TO 3 WEEKS	02
ONE TO FIVE MONTHS	03
SIX MONTHS TO ELEVEN MONTHS	04
ONE TO FIVE YEARS	05
SIX TO TEN YEARS	06
TEN OR MORE YEARS	07
REFUSED	97
DON'T KNOW	98

6. Do you usually sleep or rest during the day, or at night, or both during the day and at night?

DAY	1
NIGHT	2
BOTH DAY AND NIGHT	3
REFUSED	7
DON'T KNOW	8

---

7. Where are you planning on sleeping or resting over the next 24 hours? (CODE ALL THAT APPLY)

SHELTER: Which one? ____________	01
STREET, PARK OR OTHER OPEN PLACE	02
PUBLIC PLACE (BUSES, BUS STATION, AIRPORT, ALL NIGHT MOVIE, EL, BAR, ETC)	03
SOMEONE'S ROOM, APARTMENT OR HOUSE	04
AN ABANDONED BUILDING	05
A CAR, VAN, OR TRUCK	06
SOMEPLACE ELSE: SPECIFY: ____________	07
REFUSED	97
DON'T KNOW	98

INTERVIEWER:

IF CONDUCTING INTERVIEW IN SHELTER, SKIP TO Q.12

IF CONDUCTING INTERVIEW ON STREET, GO TO Q.8-Q.11

8. Do you know the location of any shelters in Chicago, places that are for the use of homeless persons like yourself for sleeping or resting?

YES, KNOWS OF SHELTER	(GO TO Q.9)	1
NO, DOES NOT KNOW OF SHELTER	(SKIP TO Q.12)	2
REFUSED	(GO TO Q.9)	7
DON'T KNOW	(GO TO Q.9)	8

9. Over the last year, have you tried to get into a shelter for sleeping or resting?

YES, HAVE TRIED	(GO TO Q.10)	1
NO, HAVE NOT TRIED	(ASK Q.9A)	2
REFUSED	(ASK Q.9A)	7
DON'T KNOW	(ASK Q.9A)	8

9A. Why haven't you tried to get into a shelter?

____

____

SKIP TO Q.12

10. Over the last year, have you ever been refused admission to a shelter for any reason?

YES. (GO TO Q.11)..............................1
NO...(SKIP TO Q. 12)...........................2
REFUSED......(GO TO Q.11)......................7
DON'T KNOW...(GO TO Q.11)......................8

11. Why were you turned away by the shelters?

____

____

FOR ALL Rs:

12. I am going to read you some opinions about Chicago shelters that some homeless persons have. Please tell me if you agree or disagree with each of these opinions:

	AGREE	DISAGREE	REFUSED	DON'T KNOW
A. The shelters are the only places a person like me can get a decent place to sleep.	1	2	7	8
B. The shelters are dangerous because you can easily get robbed or beaten up there.	1	2	7	8
C. The shelters take in everyone who needs a place to sleep.	1	2	7	8
D. The shelters are so dirty I would rather sleep on the streets or in a public place.	1	2	7	8
E. The shelters only take in persons who look respectable, so the homeless who really need help are refused.	1	2	7	8
F. There is too much emphasis on religion in the shelters.	1	2	7	8
G. The shelters can really help homeless persons to get back on their feet.	1	2	7	8
H. There is not enough freedom to do what you want in the shelters.	1	2	7	8

13. Over the last seven days, that is, since last (DAY OF INTERVIEW), how many times did you sleep or rest ...

	TIMES PER WEEK
in a shelter?	________
in a rented room?	________
on the streets, in a park?	________
in a bus, bus station, all night movie, airport, el, bar or some other public place?	________
in a family member's or relative's home?	________
in someone else's home or apartment?	________
in an empty or abandoned building?	________
ELSEWHERE: SPECIFY ________________	________
TOTAL -	________

14. In the past seven days, have you worked for pay?

YES..........(SKIP TO Q.15).............1
NO...........(ASK Q.14A).................2
REFUSED......(ASK Q.14A).................7
DON'T KNOW...(ASK Q.14A).................8

14A. Have you worked at all for pay at any time over the last thirty days?

YES..........(GO TO Q.15)................1
NO...........(SKIP TO Q.16)..............2
REFUSED......(GO TO Q.15)................7
DON'T KNOW...(GO TO Q.15)................8

---

15. What kind of work (do/did) you do? (PROBE FOR COMPLETE JOB DESCRIPTION. E.G., "SELLING TRIBUNES ON STREET CORNER", NOT "CHICAGO TRIBUNE" WHICH IS THE NAME OF AN EMPLOYER).

____

____

16. Think back to the last time you held a steady job, that is, a job that lasted for more than three months.

16A. Please tell me when you finished or left that job? (GET MONTH AND YEAR).

|__|__| |__|__| (ASK Q.16B)
MONTH YEAR

PRESENT JOB IS A STEADY JOB...(SKIP TO Q. 17).....0000
NEVER HELD A STEADY JOB.......(SKIP TO Q. 17).....9999
REFUSED........(ASK Q.16B).........................9797
DON'T KNOW.....(ASK Q.16B).........................9898

16B. What kind of work was it that you were doing? (PROBE FOR COMPLETE DESCRIPTION, E.G., NOT "CHICAGO TRIBUNE" BUT "SELLING TRIBUNES ON STREET CORNER")

____

____

____

17. How many years of schooling did you complete?

0 - 7 DID NOT FINISH ELEMENTARY SCHOOL.....................1
8 - 11 DID NOT GRADUATE HIGH SCHOOL.........................2
12 - HIGH SCHOOL GRADUATE OR GED............................3
13 - 15 -- SOME COLLEGE OR POST HIGH SCHOOL EDUCATION.......4
16 - COLLEGE GRADUATE.......................................5
17 OR MORE -- COLLEGE GRADUATE PLUS POST GRADUATE OR PROFESSIONAL TRAINING.......................................6
REFUSED..7
DON'T KNOW...8

18. Over the last 30 days, have you received any money from General Assistance?

YES..............(SKIP TO Q. 19)................1
NO...............(ASK Q. 18A)...................2
REFUSED..........(ASK Q. 18A)...................7
DON'T KNOW.......(ASK Q. 18A)...................8

18A. Have you ever applied for General Assistance?

YES.....................(ASK Q.18B).............1
NO......................(SKIP TO Q.19)..........2
REFUSED.................(SKIP TO Q.19)..........7
DON'T KNOW..............(SKIP TO Q.19)..........8

18B When you applied for General Assistance the last time, did you get payments or were you turned down?

RECEIVED PAYMENTS...............................1
TURNED DOWN.....................................2
APPLICATION PENDING.............................3
REFUSED...7
DON'T KNOW......................................8

19. Over the last 30 days, have you received any money from AFDC or ADC?

YES..............(SKIP TO Q.20)..................1
NO...............(ASK Q.19A)....................2
REFUSED..........(ASK Q.19A)....................7
DON'T KNOW.......(ASK Q.19A)....................8

19A. Have you ever applied for AFDC or ADC?

YES.....................(ASK Q.19B).............1
NO......................(SKIP TO Q.20)..........2
REFUSED.................(SKIP TO Q.20)..........7
DON'T KNOW..............(SKIP TO Q.20)..........8

19B. When you applied for AFDC or ADC did you get payments or were you turned down?

RECEIVED PAYMENTS...............................1
TURNED DOWN.....................................2
APPLICATION PENDING.............................3
REFUSED...7
DON'T KNOW......................................8

20. Over the last 30 days, have you received any cash, checks, or money orders from ...

	YES	NO	REFUSED	DON'T KNOW
a. your relatives or family?	1	2	7	8
b. your friends?	1	2	7	8
c. unemployment insurance?	1	2	7	8
d. SSI (not including old age pension)?	1	2	7	8
e. Social Security or other old age pension or veterans benefits?	1	2	7	8
f. disability payments or workman's compensation?	1	2	7	8
g. working at a job like in a factory, or selling newspapers or other things?	1	2	7	8
h. trading or swapping things with other people?	1	2	7	8
i. gifts?	1	2	7	8
j. handouts?	1	2	7	8
k. some other source?	1	2	7	8

SPECIFY:____________________

____

21. In the last 30 days, approximately how much money did you get from all of the sources we just talked about, including General Assistance and AFDC?

$|____|____|____|____|

22. In the last 30 days, have you received any of the following kinds of help?

	YES	NO	REFUSED	DON'T KNOW
a. Food stamps?	1	2	7	8
b. Clothing?	1	2	7	8
c. Free meals?	1	2	7	8
d. An offer to share a place to live in?	1	2	7	8
e. Something valuable that you could sell?	1	2	7	8

23. In the last 30 days, was there any time when you didn't get anything, or barely anything, to eat for 2 days or more?

YES..1
NO...2
REFUSED....................................3
DON'T KNOW.................................4

24. I am going to read to you a list of experiences many people have had. For each one, tell me whether you have ever had that experience.

Have you ever ...	YES	NO	REFUSED	DON'T KNOW
a. Been in the military, including the reserve?	1	2	7	8
b. Been a patient in a detoxification (detox) or treatment center for alcohol or drug abuse?	1	2	7	8
c. Served time in a state or federal prison?	1	2	7	8
d. Been in a city or county jail for more than three or four days?	1	2	7	8
e. Been placed on probation by a court order?	1	2	7	8

25. Have you ever been admitted to a mental hospital so that you stayed overnight?

YES.........(ASK Q.25A-H)...........1
NO..........(SKIP TO Q.26)..........2
REFUSED.....(ASK Q.25A-H)...........7
DON'T KNOW..(ASK Q.25A-H)...........8

25A. How many times have you ever gone to a mental hospital?

__________ (NUMBER OF TIMES)

25B. What is the name of the mental hospital where you were a patient (most recently)? And what city and state is that in? (PROBE FOR NAME, CITY AND STATE)

______________________________ (NAME)

______________________________ (CITY AND STATE)

25C. When were you (last) discharged from a mental hospital? (PROBE FOR MONTH AND YEAR)

|__|__| |__|__|
MONTH YEAR

25D. When you left the hospital, were any living arrangements made for you by the hospital or some other agency?

YES................................1
NO.................................2
REFUSED............................7
DON'T KNOW.........................8

25E. The last time you left the hospital, where did you go to live? (CIRCLE ONLY ONE)

TO YOUR OWN APARTMENT OR HOUSE...........................01
TO YOUR FAMILY'S OR RELATIVES' HOUSE OR APARTMENT........02
TO A RESIDENTIAL GROUP HOME OR APARTMENT PROGRAM.........03
TO A NURSING HOME 04
TO A HOTEL OR MOTEL......................................05
TO A ROOM AND BOARD FACILITY.............................06
TO AN EMERGENCY SHELTER..................................07
TO SOMEWHERE ELSE (SPECIFY) ____________________________ 08
REFUSED..97
DON'T KNOW...98

25F. In the time since your (last) discharge from a mental hospital, have you gone to or telephoned a community mental health center or clinic?

YES..........(ASK Q.25G)...........1
NO...........(SKIP TO Q.25H).......2
REFUSED......(ASK Q.25G)...........7
DON'T KNOW...(ASK Q.25G)...........8

25G. Did you first contact the mental health center or clinic or did the center or clinic contact you?

R INITIATED CONTACT.................................1
CENTER OR CLINIC INITIATED CONTACT..................2
REFUSED...7
DON'T KNOW..8

25H. Do you know where the community mental health center or clinic is?

YES.................................1
NO..................................2
REFUSED.............................7
DON'T KNOW..........................8

ALL RESPONDENTS

26. What is your present marital status? (READ EACH ALTERNATIVE) Are you . . .

Married and neither divorced nor separated...(ASK Q.26B)....1
Divorced or separated.........................(ASK Q.26A)....2
Widowed......................................(SKIP TO Q.27)..3
Single and never married.....................(SKIP TO Q.27)..4
REFUSED.......................................(ASK Q.26A)....7
DON'T KNOW....................................(ASK Q.26A)....8

26A. Is your(ex-husband/ex-wife) still living?

YES...........(ASK Q.26B)..........1
NO...........(SKIP TO Q.27)........2
REFUSED.......(ASK Q.26B)..........7
DON'T KNOW....(ASK Q.26B)..........8

26B. Do you visit with, talk to or write your (husband/wife, ex-husband/ex-wife) at least once every two or three months?

YES.................................1
NO..................................2
REFUSED.............................7
DON'T KNOW..........................8

26C. Does your (husband/wife, ex-husband/ex-wife) live in Chicago or a Chicago suburb?

YES.................................1
NO..................................2
REFUSED.............................7
DON'T KNOW..........................8

27. How many children have you (fathered/given birth to)?

___________ (NUMBER)

NONE......(SKIP TO Q. 29).........00

28. (Is/Are) any of your children still alive?

YES..........(ASK Q.28A)...........1
NO..........(SKIP TO Q.29).........2
REFUSED......(ASK Q.28A)...........7
DON'T KNOW...(ASK Q.28A)...........8

28A. Do you visit with, talk to or write to (him/her/them) at least once every two or three months?

YES.................................1
NO..................................2
REFUSED.............................7
DON'T KNOW..........................8

28B. (Does/Do) (he/she/they) live in Chicago or a Chicago suburb?

YES.................................1
NO..................................2
REFUSED.............................7
DON'T KNOW..........................8

29. Some people have many relatives and friends and others have only a few. How about you?

FOR EACH YES IN A,
ASK B AND C

	A.			B.			C.		
	Do you have...			Do you visit, talk to or write to him/her/them at least once every two or three months			Does/Do he/she/they live in Chicago or a Chicago suburb		
	YES	NO	DK	YES	NO	DK	YES	NO	DK
One or both parents living?	1	2	8	1	2	8	1	2	8
One or more brothers or sisters living?	1	2	8	1	2	8	1	2	8
Other relatives such as grand-parents, aunts, uncles or cousins?	1	2	8	1	2	8	1	2	8
One or more friends you can count on?	1	2	8	1	2	8	1	2	8

30. IS R IN TOUCH WITH PARENTS, OR SIBLINGS, OR OTHER RELATIVES LIVING IN CHICAGO?

YES........(ASK Q.30A & Q.30B)....1
NO............(SKIP TO Q.31)......2

30A. You mentioned that you have (parents/brothers or sisters/other relatives) here in Chicago. Assuming that they would want to and have the room, would you be opposed to or in favor of going to live with them?

OPPOSED............................1
IN FAVOR...........................2
REFUSED............................7
DON'T KNOW.........................8

30B. As far as you know, would your (parents/brothers or sisters/other relatives) here in Chicago be opposed to or in favor of your moving in with them?

OPPOSED............................1
IN FAVOR...........................2
REFUSED............................7
DON'T KNOW.........................8

ALL RESPONDENTS

31. Would you say your health, in general, now is excellent, good, fair, or poor?

EXCELLENT..........................1
GOOD...............................2
FAIR...............................3
POOR...............................4
REFUSED............................7
DON'T KNOW.........................8

32. During the past year, that is since (DATE ONE YEAR AGO) have you been a patient overnight in a hospital, a nursing home or a treatment center? Do not include mental hosptials.

YES......(ASK TO Q.32A)..........1
NO.......(SKIP TO Q.33)..........2
REFUSED...(ASK Q.32A)............7
DON'T KNOW..(ASK Q.32A)..........8

32A. Were there any health services you needed after you left the hospital that you were unable to get?

YES.........(ASK Q.32B)..........1
NO.........(SKIP TO 33)..........2
REFUSED.....(ASK Q.32B)..........7
DON'T KNOW..(ASK Q.32B)..........8

32B. Did you actually try to obtain these services?

YES.........(ASK Q.32C)..........1
NO.........(SKIP TO Q.33)........2
REFUSED.....(ASK Q.32C)..........7
DON'T KNOW..(ASK Q.32C)..........8

32C. Why were you unable to get these services?

LACK OF MONEY/FINANCIAL REASONS.......1
OTHER, NON-FINANCIAL REASONS..........2
REFUSED...............................7
DON'T KNOW............................8

32D. Did the lack of these services cause you substantial discomfort, pain, or disability?

YES...............................1
NO................................2
REFUSED...........................7
DON'T KNOW........................8

33. When was the last time you saw a doctor or nurse in an office, clinic or emergency room? GET MONTH AND YEAR.

|___|___| |___|___|
MONTH   YEAR

34. Is there one person or place in particular you usually go to when you are sick or want advice about your health?

YES...........................1
NO............................2
REFUSED.......................7
DON'T KNOW....................8

35. In case you needed some medical attention, where would you go to get it?

____

____

____

36. Over the last year, since (DATE ONE YEAR AGO), was there any time when you needed or thought you needed medical care but could not get it?

YES...........................1
NO............................2
REFUSED.......................7
DON'T KNOW....................8

37. Now I am going to ask some questions about how you felt over the last week. Tell me whether you never felt that way last week, felt that way some of the time last week, or felt that way most of the time last week.

	NEVER	SOME OF THE TIME	MOST OF THE TIME	REFUSED	DON'T KNOW
A. Was your appetite so poor that you did not feel like eating?	1	2	3	7	8
B. Did you feel so tired and worn out that you could not enjoy anything?	1	2	3	7	8
C. Did you feel depressed?	1	2	3	7	8
D. Did you feel unhappy about the way your life if going?	1	2	3	7	8
E. Did you feel discouraged and worried about your future?	1	2	3	7	8
F. Did you feel lonely?	1	2	3	7	8

38. Was there ever a time in your life when you felt so bad that you tried to kill yourself, that is, tried to commit suicide?

YES....(ASK Q. 38A)............1
NO.....(SKIP TO Q. 39).........2
REFUSED...(ASK.Q.38A)..........7
DON'T KNOW..(ASK Q.38A)........8

38A. How many times in your life did you make a suicide attempt?

|___|___|___| (TIMES)

39. Did you have any thoughts about committing suicide recently, that is, in the last week or so?

YES...........................1
NO............................2
REFUSED.......................7
DON'T KNOW....................8

40. Now I am going to ask you about some ideas and feelings that some people have had during their lifetime. Some people get these ideas and feelings after they have been drinking or taking drugs. Over the last year, how often have you had each of these ideas or feelings when you have not been drinking or taking drugs? Never? Once in a while? Or, most of the time?

	NEVER	SOME OF THE TIME	MOST OF THE TIME	REFUSED	DON'T KNOW
A. Have you ever heard noises or voices that other people say they can't hear?	1	2	3	7	8
B. Have you ever felt that there were people who wanted to harm or hurt you?	1	2	3	7	8
C. Have you ever had visions or seen things that other people say they can't see?	1	2	3	7	8
D. Have you ever felt that you had special powers that other people don't have?	1	2	3	7	8
E. Have you ever felt that your mind was taken over by forces you couldn't control?	1	2	3	7	8

41. In case you needed some help with a mental problem, such as depression or suicidal feelings, where would you go to get it?

____

____

42. What is your date of birth? (PROBE FOR MONTH, DAY, AND YEAR)

|__|__| |__|__| |__|__|
MONTH DAY YEAR

43. Are you by yourself or do you have some family--(husband/wife) children or some other relatives or friends who are also homeless with you? (CIRCLE ALL THAT APPLY)

R IS BY HER/HIMSELF............................1
CHILDREN: How Many? (SPECIFY): __________ 2
SPOUSE...3
OTHER RELATIVE: (SPECIFY): ____________ 4
NON-FAMILY (SPECIFY): _________________ 5
REFUSED..7
DON'T KNOW.....................................8

43A. INTERVIEWER: HOW MANY CHILDREN ARE PHYSICALLY PRESENT WITH R?

|__|__|

44. Do you consider yourself to be...

Hispanic White...............................01
Hispanic Black...............................02
Black American...............................03
American Indian..............................04
Asian or Pacific Islander....................05
White..06
Something else (SPECIFY): ____________ 07
Refused......................................97
Don't Know...................................98

45. In what city or county and state were you born?

____
(CITY) (COUNTY)

____
(STATE) (COUNTRY)

46. In order to make out your receipt, we need to know your name and Social Security number.

NAME: ______________________________
(FIRST) (MI) (LAST)

SOCIAL SECURITY NUMBER ______ - ____ - ______

REFUSED.....................97
DON'T KNOW..................98

47. Do you have an address where we could send you mail in case we need to get in touch with you?

HAS ADDRESS.....(ASK Q.47A AND Q.47B)..........1
NO ADDRESS...(GO TO TERMINATION PARAGRAPH)......2

47A. What is that address?

____
(NUMBER OR PO BOX) (STREET)

____
(CITY) STATE) (ZIP)

47B. Is that the address of a shelter, or some other agency, or a business like a currency exchange or bank, or the address of someone you know?

Shelter or other helping agency..................1
Commercial organizations (currency exchange, bank, etc.)..................................2
Some private person: RECORD RELATIONSHIP TO R

______________________________ 3

TERMINATION PARAGRAPH: Those are all the questions I have for you. Thank you very much for your time and participation. Let me assure you again that all the information you have given will be kept strictly confidential. Good night.

TIME FINISHED |___|___|:|___|___| AM PM

INT NAME: ______________________

INT ID #: ______________

| GO TO Q.48-52 |

INTERVIEWERS REMARKS

48. GENDER

MALE..............................1
FEMALE............................2
DON'T KNOW........................8

49. RACE

WHITE.............................1
BLACK.............................2
AMERICAN INDIAN...................3
OTHER SPECIFY ______________ 4
DON'T KNOW........................8

50. DID R APPEAR TO BE . . . (CIRCLE ALL THAT APPLY)

DRUNK...1
UNDER THE INFLUENCE OF DRUGS......................2
SERIOUSLY ILL.....................................3
CONFUSED..4
INCOHERENT..5
DIRTY AND UNKEMPT.................................6
SHABBILY DRESSED..................................7
CARRYING PACKAGES WITH PERSONAL BELONGINGS........8
LUCID AND ALERT...................................9
NEAT AND CLEAN...................................10

51. R'S LOCATION WHEN CONTACTED FOR INTERVIEW (CIRCLE ONE):

SIDEWALK, STREET, OR ALLEY	1
PARK	2
IN PUBLIC ACCESS BUILDING (E.G., BUS OR TRAIN STATION, LOBBY OF APARTMENT, BAR, THEATER, ETC.)	3
IN INNER HALLWAY, BASEMENT, ETC. OF OCCUPIED BUILDING	4
IN ABANDONED BUILDING	5
UNDER BRIDGE, IN TUNNEL, OR UNDER VIADUCT	6
CONSTRUCTION SITE	7
PARKING LOT	8
IN PARKED CAR	9
ON BICYCLE	10
OTHER (SPECIFY) ______________________	11

52. INTERVIEWER COMMENTS:

53. FOR BREAKOFFS ONLY:

INDICATE THE REASONS FOR THE BREAKOFF AND ESTIMATE R'S AGE:

R'S APPROXIMATE AGE: ____________